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ORIGINAL COMMUNICATIONS.

In a former number of the *Examiner*, (June, 1845,) we noticed some experiments on *febrile caloricity*, both before and after death, by Dr. Dowler. Since then, we have received from him the following additional observations, which we have much pleasure in laying before our readers. The subject is a most important one in its bearing on physiology, and we are pleased to find that Dr. D. is continuing his inquiries. It is only from multiplied and varied observations that we can feel assured of perfect accuracy.—EDITOR.

History of Febrile Caloricity, XLVII. (*Yellow Fever Dissection*, CXLIV.) By BENNET DOWLER, M. D., of New Orleans.

P. L., Irishman, aged 20; resident 9 months; a baker; large, muscular, and well proportioned; 4 days sick.

Aug. 15th, 4¾, P. M.; room 86°; hand 99°; axilla 104°.

16th, 4½, P. M.; room about 86°; hand 97°; axilla 104°.

18th, 2½, P. M.; room 90°; axilla 99°, nearly.

19th, 11¼, A. M.; room 90°; hand 97°; axilla 101°.

20th, died at 10¾, A. M., and was, in 15 minutes after, carried to the dead house, where the temperature was 86°; axilla 25 minutes after death 100°; 30 m., 105°; 35 m., 107°; 40 m., 107°; 45 m., 107°; 50 m., 107°; 55 m., 107°; 1 hour, 107°, nearly. Perineum, 1 hour and 10 minutes, 104°; 1 h. 15 m., 104°; 1 h.

20 m., 104°, nearly. Right epigast., 1 h. 25 m., 109°; left, 1 h. 35 m. 108°; right iliac, 1 h. 45 m., 108°; left, 1 h. 55 m., 108°; 2 h. 5 m., right epigast., 108°; thigh, 2 h. 15 m., 109°; 2 h. 25 m. 109°; heart and cardiac end of the gullet, 2 h. 35 m., 109°; 2 h. 40 m., 109°; outer surface of the left lung, 2 h. 45 m., 106½°; mediastinum, 2 h. 50 m., 106½°; thigh, 2 h. 55 m., 106½°; 3 h. 106½°; right epigast., 3 h. 10 m., 106½°; left, 3 h. 15 m., 106½°; heart, 3 h. 20 m. 106½°; pelvic cavity, 3 h. 25 m., 106½°; thigh, 3 h. 30 m., 106½°; heart, 3 h. 35 m., 106½°; thigh, 3 h. 45 m., 106½°. Being restricted in time, the observations were abandoned. Treatment—v. s., cups; ol. ric.; mercurials; sinap.; enemata. The patient had copious nasal hæmorrhage, also much loss of blood from one of the many scarifications in cupping, towards the close of life.

Hist. XLV.—R. C., born in Kentucky, aged 25, resident 6 days; 22 hours before death,—hand in 10 m., 97½°; axilla in 25 m., 104°; air, 89°. At thirty minutes after death, (the body resting as usual on a stone floor without covering,) the experiments began. Every 10 to 20 minutes they were varied in the order following: axilla, 106½°; perineum and groin, 109°; rectum, 111°; do., 111°; thighs, without incisions, 102°; rectum, 4 observations, each 109°. Axilla, after two hour's exposure, 100°; rectum, 7 hours after death, 102°.

Hist. XLII.—(Dissection CXLVIII.) Miss M., resident nine months, aged 26; muscular and fat; treated towards the close of her malady, (which, very slight at first, lasted 8 days,) with cal. 8 grs; ol. ricini; sod. bicarb.; morphia; cinchon.; serpent.; porter; beef tea. The experiments began at 30 minutes after death, and lasted more than three hours: from 40 minutes to 2 hours after death, the vagina gave 107°, without variation; minimum of the axilla, at the first obs., 102°; maximum, 105°; more than an hour after death. The axilla then declined to 104°, and at 104° continued, without change, as long as watched, a period exceeding one hour. The vagina in the third hour declined to 105°; the rectum to 104°; the groin and axilla being the same. Air, 87°.

Hist. XVII. An Irishman, aged 36, last from Pass Christian, resident two weeks; of gigantic frame, very muscular; supposed to weigh 200 lbs; gave in 19 minutes after death, 105° in the axilla; in 26 m., over 106; and in 1 h. 26 m., nearly 105°. The thigh in 1 h. 34 m., 106°; 1 h. 39 m., 107°; 1 h. 44 m., 108°, still rising. Epigast., 1 h. 50 m., 106°; brain, through the orbit, 1 h. 55 m., scarcely 101°. Air, 82°.

Notes of a Case of Ovarian Dropsy, with the appearances presented on Post Mortem Examination. By EDWARD R. SQUIBB, M. D.

The following case is interesting, not simply as one of ovarian dropsy, a disease which is now so well known, but from the situation and condition of the parts shown by an examination, and the bearing of this condition upon the operations proposed for the cure of the disease, by the removal of the tumour.

For this, as well as for many other opportunities for study, afforded by numerous cases, the writer is indebted to his friend and preceptor, Professor T. D. Mütter, under whose notice it first came, about a month previous to its termination.

The diagnosis, prognosis, and only admissible treatment, (palliative) indicated at the time by Professor M., subsequent observation has shown to have been correct.

On the 12th of June, 1845, the patient was seen by Dr. M. and the writer.—She was a woman of small stature, 31 years old, with dark hair and eyes, pale, and very much emaciated Previous to this illness she had enjoyed an ordinary degree of health; six years had elapsed since she was married,—three of which were passed in widowhood,—and had buried an only child, about four years old. To the bodily fatigue and mental anxiety to which she was subjected on the occasion of the long illness of this child, she always attributed the commencement of her diseased condition. Her spirits and disposition were, however, always good; the failing powers of life bringing with them only their necessary and absolute changes, without the augmentation which so frequently arises from mental complications. The symptoms at this date were as follows:

A dull intermittent pain over the left lower portion of the abdomen, frequently aggravated or brought on by change of position, and accompanied by a dragging sensation when laying upon the right side. A marked hectic fever, with the early and late paroxysms of each day well pronounced. These paroxysms were attended by an excessive gastric irritation, with vomiting, which was often prolonged through the intervals between them, allowing nothing to remain upon the stomach, even forcing up the mucous and saliva as they accumulated there. This distressed the patient very much, and aggravated her condition by the consequent debility it caused. With this marked hectic, there was no diarrhœa—the irritation or inflammation having attacked the upper portion of the alimentary canal, in opposition to the usual course. The bowels were somewhat torpid, and her rest at night much disturbed by

the nausea and vomiting. A constant colourless discharge from the vagina, with some hemorrhoidal tumours, also added much to the discomfort of the patient. The appetite was poor, even when the stomach was in a condition to receive food,—but the thirst was constant, although not admitting of a quantity of fluid at a time. The pulse was variable,—generally quick, frequent, and thready. The respiration was free, and the functions of the brain not notably deranged.

Upon as thorough a physical examination as the patient's condition would admit of, a large bi-lobed tumour was detected occupying the whole of the left iliac and hypogastric, with a part of the right iliac, umbilical and left lumbar regions. This tumour was somewhat flattened in front, extending principally in a transverse direction, and presenting a somewhat indistinct fluctuation. Rude handling gave the patient pain, and any examination left a soreness which continued for many days. There was slight tenderness all over the abdomen, increased at the epigastrium, where a burning heat was felt during the hectic paroxysms. This tumour first attracted the patient's attention about nine months previous to her death, being then about the size of an ordinary hen's egg. Previous to this there had been no pain of a degree or character to attract notice, and at this time she only experienced occasional achings in that region. Some weeks after, the tumour having increased, she applied for surgical advice, and was told by the gentleman whom, at that time, she consulted, that her disease was of a cancerous nature and only admitted of palliation. Subsequent to this examination, and probably brought on by it, although it was conducted with the greatest care and gentleness, she suffered an attack of what, from the symptoms, appears to have been peritonitis. From this she shortly recovered, and was able to walk about until the accession of hectic, which occurred about two months prior to her death.

In view of these symptoms, at the time when Professor Mütter was consulted, the diagnosis was in favour of an encysted dropsy of the left ovary, and the prognosis unfavourable, the case admitting only of palliation. At this time the case was entrusted to the writer for treatment. This consisted, for the first thirteen days, of cold infusion of wild cherry bark, ad libitum, small pieces of ice swallowed frequently, frictions with croton oil at the epigastrium, a milk and farinacious diet, always taken ice cold, and at regulated intervals, perfect rest in the horizontal position, and free ventilation,—occasional cool sponging being also enjoined. The bowels were opened every alternate day by enemata of arrow root and castor oil, and a vaginal injection of cold solution of alum was used twice a day.

By these means the paroxysms of hectic seemed to be abated in degree and frequency, and the extreme irritability of the stomach overcome to a considerable extent. This latter, however, only took place after many days' perseverance, and much distrust of the efficacy of the means adopted. The appetite gradually improved, the leucorrhœal discharge diminished, and the patient, at the expiration of nearly two weeks, was much more comfortable.

Animal broths were now permitted, and a teaspoonful of good wine, with sugar, was added to each glass of milk, continuing the iced infusion of wild cherry bark, and keeping up slight counter-irritation at the epigastrium by the use of the croton oil. The enemata were discontinued, and replaced by an occasional simple rhubarb pill, whose tonic effect added to the other measures, appeared to be beneficial, whilst the bowels were kept in a soluble and sufficiently free condition. A solution of one drop each of creosote and acetic acid, in one ounce of water, was given in teaspoonful doses, when the now somewhat rare nausea came on; and, as her rest was at times disturbed, a teaspoonful of the solution of sulphate of morphia was given. Thus for eight days more the patient's condition continued to improve slightly, and was as comfortable as circumstances would admit, the tumour, however, still increasing, but giving her little positive pain.

At the expiration of twenty-one days after the treatment had commenced, the patient received a severe fright from an outrage committed in the house where she was. Following this, and doubtless as a consequence of it, the symptoms were renewed in an aggravated form, and before any attempts to subdue them could be successful, circumstances obliged her to be removed, even in her precarious condition, to the distant house of a relative, in order to avoid being turned into the street. She was then attacked, in addition, by a colliquative diarrhœa, over which cold mucilaginous and opiated injections, cool fomentations, acetate of lead and opium, chalk mixture and extract of rhatany, preceded by laxative enemata, and tried in succession, seemed to have little control. As her powers seemed fast failing, soft toast and cream, wine whey, wine and new milk, etc., were ordered, after which the diarrhœa was somewhat abated for the last two days; but the debility and sinking continued gradually to wear away the remnant of life, as each receding pulse wave showed more plainly its approaching boundary, until the 11th of July, when her sufferings terminated almost insensibly in death.

A crucial incision through the abdominal parietes, twenty-five hours after death, exhibited the contents in the following condi-

tion. Extensive bands of organized lymph connected some of the viscera to the sides of the lower part of the cavity, indicating a preceding inflammation. On attempting to raise the great omentum it was found slightly adherent to the viscera, etc., below, on the right side; but upon the left side it could not be detached from the tumour or the parietes of the abdomen. The cavity of the peritoneum contained two or three ounces of limpid serum, quite clear and colourless. The bladder was contracted and forced down behind the symphysis pubis, and contained no urine. The tumour consisted of two enormous cysts lying beside each other, and firmly adherent. The largest of these was to the left side, filled the entire iliac, and projected across into the hypogastric region. It was inseparably attached to the walls of the abdomen, and the fascia covering the iliacus internus and psoas muscles, so that in endeavouring to dissect it off the muscles and fascia were cut, and the cyst itself ruptured. The omentum on this side had disappeared, either by absorption from the pressure and inflammation, or from being fused into the tissues of the walls of the abdomen. The sigmoid flexure of the colon was curiously twisted out of shape and place, and with the left transverse and descending portions, and the rectum, was firmly attached to, and compressed by the tumour, its walls appearing at some places to be composed of the mesocolon and mesentery. The head of the colon lay behind the right tumour, being adherent to and compressed by it. The entire large intestine was very much contracted, empty, and in a state of brown congestion. The right cyst, although appearing at first sight much smaller than the first, was found to extend behind the left one, and lower down, so as to fill the space between the rectum and uterus, surrounding the posterior half of the neck of the latter, and adherent also to the anterior part of the rectum. It, however, appeared to be of somewhat less capacity than the first, and did not rise so high in the cavity of the abdomen.

In the nich between these two cysts, or in front of their union, lay the uterus, to the right of the median line, and principally upon the right tumour. It was very much flattened antero-posteriorly, and the sides flattened out into thin edges by the compression. It had entirely lost its shape and position, so that it was not at first recognized. It was firmly attached by the posterior surface to both tumours, and could not be dissected off. The front surface was, however, free from adhesions, as were the right ovary and fallopian tube. The cavity was of the usual size, and not much changed in form, although the anterior and posterior walls were thinned out. The neck was hypertrophied and indurated, being larger in circumference than the body.

Only a portion of the left ovary could be found, and this in a softened and diseased condition, upon the upper and outer side of the left cyst, three and a half inches from the uterus. No remains of the ligament of the ovary or fallopian tube could be detected.

The small intestines had the appearance of congestion, were distended with flatus, and forced upward from their natural position.

The stomach was contracted and very much softened, and the liver was of a paler colour than it is ordinarily, and also very much softened.

The cysts were diaphanous, having much the appearance of bladders distended with fluid. They contained a transparent fluid of a colour rather darker than ordinary urine, in which white flocculi were floating. The whole quantity of fluid may be estimated at from thirty to forty ounces, probably nearer to the latter quantity.

The extreme heat of the weather, and the condition of the body, (it having been kept without ice,) prevented a farther and more minute examination, particularly as the principal object had been attained, namely, a knowledge of the situation and relations of the tumour.

Case of Fungus of the Inferior Maxillary, successfully Treated.

By D. Harrington, of Philadelphia, Dentist.

The following case of maxillary disease, from its origin to its removal or permanent cure, was one of unusual occurrence, the circumstances connected with it being duly considered.

The young lady whose case is the subject of these remarks, Miss M. W., of the Northern Liberties, adjoining this city, was of good constitution, and had been free from any and every symptom of disease, prior to the appearance of this local affection. Her family, as far as known, have been uniformly in the enjoyment of excellent health; of course she could not have been subject to any morbid inheritance.

The following is a concise description, from her own pen, of the rise and progress of the disease, and the remedial operations resorted to, together with their results up to the time of placing herself under my care.

"Some time during the month of April, 1842, I was much troubled with a very severe pain in my back teeth and jaw, on the left side below. I suffered much for some days, and then

concluded to have the supposed cause of my affliction removed; and accordingly went to a Dentist and had two of my lower jaw teeth extracted. After the lapse of a few days there appeared upon the surface of the still lacerated gum, a small spongy tumour of a livid hue, which was immediately showed to the Dentist, who lanced it; after which it again increased in size, though no pain attended it. After a couple of days, such was its rapid growth, it was necessary to have it cut again—which was repeated once every two days for a couple of weeks. All this, however, appeared only to accelerate its growth; and becoming, in consequence, quite alarmed, I consulted our family physician, who pronounced it to be a fungus of a very alarming character, and that its proximity to certain parts rendered its extirpation by the knife, (the only alternative in his judgment,) a very critical, if not a very dangerous operation. This opinion, candidly expressed as it was, excited in my mind a great deal of alarm, indeed. Prompted by an excusable desire to obtain other advice, I called upon a Surgeon, of high standing in his profession, who requested that our family physician, above alluded to, should meet in consultation; the result of which consultation I did not learn. But he gave it as his opinion that, if it could be cured at all, it could be done without the knife—in other words, that it could not be cured by the knife. He then resorted to the application of a powerful caustic, for two or three weeks, but without any beneficial effect. Under the most fearful apprehensions of danger, caused by the surprising rapidity with which the fungus sprung up, (for it now nearly filled my mouth, and almost precluded the possibility of swallowing,) I resolved to yield to the application of the knife, as a dernier resort, and in accordance with the flattering advice of a second Surgeon of distinguished celebrity in his profession, but, I confess, with little faith on my own part in its utility. On the 25th of June, my family and our family physician concurring in opinion, the Surgeon last mentioned removed the fungus and a large portion of the *upper part* of the jaw bone on the left side, as far back as it was practicable. The pain of the operation, together with the great flow of blood, left me in a very weak state, and confined me to my bed for two weeks. After this I was able to open my mouth, so far only as to permit a partial examination of the state of my case; and, to the great surprise of all parties, the fungus was discovered to have sprung up again, nearly to its original size. This distressing circumstance seemed to prove conclusively to the mind of the Surgeon who had performed the operation, the absolute necessity of removing the whole of the jaw bone, from far forward, and as far back as the angle, if not to the condyle, on the left side. After

some days I experienced a very severe pain in the right side of the under jaw, which, on being mentioned to the Surgeon, induced him to believe that the disease was of a more malignant and extensive nature than he had at first supposed: still the operation of removal of the left side of the lower jaw was not given up in idea.

"About this time the Rev. Dr. C., of whose congregation the most of my family were members, advised me to consult a Dentist with whom he had long been acquainted, and of whose skill he had a favourable opinion—and whose name I shall now freely mention, as I am through his aid, as an instrument in the hands of a merciful Providence, a radically cured woman. In accordance with the advice of Rev. Dr. C., I called on Mr. Harrington, Dentist. Mr. H. examined my case and pronounced it a very doubtful one, touching a cure. I told him of the wish of my last Surgeon to remove the major part of the jaw, &c. He advised me to submit to no such operation, unless I could be put into a sound magnetic sleep; he said the pain of such an operation would be excessive, without any tolerable certainty of a cure—but if I could be put into the sleep and have the operation performed without present pain, as he was sure many surgical operations had been done in various parts of Europe, and, in a few instances, on this side of the Atlantic,—the ridicule of *wise men*, and their denial notwithstanding—he would advise me to venture it, as a last resort, and at the same time be prepared for any consequences that might ensue; as the case, as related to a favourable result, was shrouded with doubt, in every view that could be taken of it. Mr. H. kindly offered me such facilities as were in his power, and I was tried, by the most powerful magnetisers that were to be found, between twenty to thirty times, to be placed in a full magnetic sleep, but without success. After this, some conversation about putting myself into his hands was had; but at this moment a medical gentleman of this city thought he could cure me, and kindly offered to make the trial, and Mr. H. strongly advised me to let him make the attempt. He commenced, and I remained under his treatment during five to six weeks, without success, for at the end of this time I was on the eve of suffocation, from the size and extension of the fungus into the roof of the mouth and down my throat. I now returned to Mr. Harrington, much worse than he had ever seen me before; who kindly received me into his family, that he might see me every hour, and have my case under his immediate observation and control.

M. W."

Near the end of the year 1842 Miss M. W. came under my care, and, as said by herself, her case had then become much worse than I had seen it at any former period; it being a truly malignant case of a mixed character, presenting the usual appearance of fungus hæmatodes in many places, and ordinary cancerous exterior in others. Her general system was also sympathising with her local affection in no small degree, in consequence of the vitiated blood of the fungus passing into the general circulation. Her face at this time presented the unhealthy hue of pale mahogany. Her buccinator and temporal muscles, parotid gland, &c., had become enormously enlarged, and withal so extremely rigid and unyielding, that her jaws could not be extended apart more than one-third of the usual distance when in health. The upper surface of the diseased jaw that had been left after the operation above mentioned by Miss W., had become distended, apparently, to three times its usual width, from near the symphysis back to its angle. The whole of this extensive surface sent up an extremely morbid and luxuriant growth, in which the teeth of the superior jaw became embedded and concealed, whenever the teeth on the opposite side were brought into contact. This morbid and fetid growth extended to the centre of the inferior jaw, and was strongly attached to the lining membrane of the mouth, pressing the tongue to the opposite side, and greatly impeding its proper and necessary offices. On the posterior part it was strongly attached to the constrictor muscles and side of the tongue, and extended far into the pharynx, nearly enclosing and concealing the uvula; and from Miss W.'s remark about being "on the eve of suffocation," was evidently pressing upon the epiglottis. Under circumstances of this distressing nature, there was no time to be lost in the application of such remedial means as the case might admit of. The immediate removal of the posterior portions of the fungus was attempted and performed, by drawing it upwards by the aid of a wire loop, and cutting it away in *small pieces*, so as to avoid hæmorrhage, and at the same time injury to important parts. This was, however, a very difficult operation to perform successfully, in consequence of the very small distance the teeth in front could be separated, and the enlargement of the posterior part of the tongue, above and beyond which the knife had to pass in operating. The excision in this case was performed by little and little, day after day, for several weeks in succession, for the purpose, as above said, of avoiding troublesome and dangerous hæmorrhage, as it would have been impossible to use an actual or potential cautery with success, if called for. I had another reason for this very gradual extirpation, by the knife, of the excrescence which, for several weeks, merely allowed

of easy respiration, and a reception of food into the œsophagus. I could not, for a moment, suppose that local operations or applications (alone) could be made to accomplish much in the way of a radical cure, judging from the result of Miss W.'s past experience, and the contaminated state of her general system, until appropriate remedies, by way of the stomach, could be made to act *vigorously* and *simultaneously* with local ones. To accomplish this much desired, but almost hopeless result, viz.: a perfect cure of the case, the following mode of procedure was resorted to, and continued for several weeks:—Galvanic electricity, by placing the positive pole within the mouth upon the fungus, and making the negative pole to move constantly upon the exterior surface of the left side of the face, for and during ten to fifteen minutes each hour throughout the day, for two to three weeks. This was uniformly applied with that degree of intensity that the patient could conveniently sustain. Sarsaparilla, in a concentrated form, was given in large quantities and long continued—(iodine having been previously given while the patient was in other hands, without any evidence of beneficial effect.) The whole surface of the left side of the face was continually poulticed with wormwood, softened by simmering it in vinegar.

About one month from the commencement with these means, accompanied by slight cuttings from day to day, and the constant use of powerful astringents held in the mouth, there was an apparent improvement, both locally and generally, that seemed to point to a return of healthy action. This appearance was gratifying in a high degree, as it had the tendency to inspire a new degree of confidence in the appropriateness and efficacy of the means employed. It was now desirable to diminish the size of this fungus as fast as possible, for, notwithstanding the frequent cuttings, such had been its rapid growth after each operation, that it was nearly of the original dimensions; and what was truly alarming, its radicles had extended to, and attached themselves to new parts of the membrane of the mouth and tongue, and, posteriorly, near to the œsaphagus.

It will be seen from the above, that such was the inveterate disposition of this fungus to rapid increase, that it was necessary to accompany the knife with some application that would, at least, *resist* its luxuriant growth for the time being. This was a desideratum that involved much difficulty. Astringent washes had been tried and found useful, but not sufficiently so; the usual escharotics also had been made to accomplish very little, and for obvious reasons; these latter, in any of their known forms, could be kept in place but a few minutes, before the copious flow of saliva would, unavoidably, deprive their active princi-

ple of all energy, and render them inert. Various *new* articles were tried with little or no success. At length, *ashes* made from cast off stems of tobacco, put into thin linen sacks, so formed as to cover, as far as possible, the upper surface of the fungus, and be held in place from hour to hour by the pressure upon it of the teeth of the superior jaw, were found to operate like a charm, although not very charming in the production of pleasant feelings, for its caustic action was powerful, and would continue for several hours; the inflowing of the saliva notwithstanding. Two of these sacks were prepared for each night—one put in place on retiring, and replaced by the other about the middle of the night.

The possibility of a cure in Miss W.'s case now began to wear a more favourable aspect. With the exception of the galvanizing process, the other means that had been found appropriate and efficacious, viz.: the alterative given by the stomach, moderate cuttings daily, and the tobacco ashes occasionally, succeeded by an astringent and antiseptic wash of nutgalls, the wormwood poultice, and moderate attention to regimen, were carefully and systematically attended to for three to four months, during which the fungus contracted its circumference by very slow (almost imperceptible) degrees, and now covered principally the upper surface of the left side of the inferior maxilliary, (which, as before stated, was expanded to three times its proper width.) An opening was now discovered quite through the remaining portion of the jaw, near the angle; and a sinus extending from this opening, anteriorly, under the fungus, nearly to the symphysis. These openings were treated with astringent, and occasionally with acid injections, and sometimes filled with tobacco ashes.

Appearances were now so flattering that it was thought admissible for her to return to her home and friends, and by their aid continue the systematic application of the remedies; calling once or twice a week to have her case examined. At the end of twelve months from the time Miss W. came under my care, her appearance, in all respects, afforded the most conclusive evidence of a return to perfect health, locally and generally; and, but for a remaining *enlargement* of the left side of her inferior maxillary, (and which, in all probability, will be years in disappearing, if it should during life,) it could not be discovered that she had ever been afflicted.

With reference to the case under consideration, it has been my lot to see, during my studentship with my highly respected friend and preceptor—the late Doctor H. H. Hayden, of Baltimore—and during an extensive practice in this city, many cases of the fungous and excrescent tribes, affecting the mouth, tongue,

and their posterior collaterals: but I have never met with one that seemed, in the origin, to be so little under surgical and remedial control, and withal so malignant and extensive in its character. The too confident reliance on extirpation by the knife and powerful caustics, to the neglect of constitutional means, with the futile hope of accomplishing much in a very short time, it is probable, has been a common and fruitful cause of failure in the treatment of such affections.

With reference to my new escharotic, tobacco stem ashes, I am willing to believe it to be a valuable addition to the caustic class of remedies, especially in the management of excrescent affections of the mouth, vagina, rectum, &c., as it can be placed in a cavity and made to operate, for hours in succession, upon a morbid surface, without at the same time doing injury to healthy parts. To accomplish this, the sack for containing the ashes should be made of an impervious material in all of its parts, except where intended to cover and act upon the diseased surface.

In conclusion, I have entered more into detail in the above narrative than may, on a cursory view of the case, seem necessary, as I have never seen, or read of a case of a similar character, where the openings into the trachea and œsophagus were so obstructed by such a malignant mass of preternatural flesh, attached, withal, to so large a portion of the lining membrane of the pharynx. A large portion of the various kinds of fungi that have assailed the human mouth, far less in their dimensions and malignity than the above described, have terminated in a lingering and painful death.

Chestnut Street, Philadelphia.

July 23, 1845.

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

Saturday, February 8, 1845.

CLINIC OF PROFESSOR DUNGLISON.

Reported by Dr. Samuel G. White, of Georgia.

The attention of the clinical class was first directed to the case of CHOREA, the history of which was detailed at the previous lecture. The patient has been under the use of the ferri subcarbonas, in doses of twenty grains three times daily, and a purgative has been given twice a week. Under this joint tonic and cathartic treatment he has considerably improved; locomotion being better executed, and the motions of the limb diminished. It will, therefore, be continued, increasing the dose of the iron to twenty-five or thirty grains. This may be successful in effecting a cure; the prognosis is, however, always less formidable in adults, than in individuals below the age of puberty.

The Professor then proceeded to make some observations on

CHRONIC CUTANEOUS DISEASES.

Before doing so, however, he introduced a female, labouring under a most loathsome affection of the skin of the head and the body generally. She has been for a considerable length of time in the lunatic wards, but entered the hospital to be treated for syphilis, on which *vice* the cutaneous disease is probably somewhat dependent.

Great difficulty has always existed in properly classifying diseases of the skin. The classifications adopted by different authors are very various. By some they have been supposed to be inflammatory in their character, but this division is objectionable, as it is doubtful if the majority have any connection with that morbid process of nutrition.

The lecturer believes, however, that all chronic cutaneous affections are dependent on diseased nutrition, which must be modified before a cure can be effected. The blood itself may not be diseased, but the tissues which it bathes are, and in all probability both are implicated. He prefers that classification which is based on the elementary form of the eruption, as the vesicular, pustular, bullar, tubercular, exanthematous, &c. This

seems little liable to objection to the teacher and student, and is most generally adopted.

The Professor remarked, that these diseases might be studied from plates so as to form an idea of their general characters; but from personal experience he could say, that the application, in practice, of the information thus obtained, is still difficult. Practically, the differential diagnosis is not of great account, as the plan of treatment applicable to one case is appropriate for all.

In the present instance, from the elementary form of the eruption, which is pustular, and from its special characters, the Professor has no hesitation in pronouncing it to be IMPETIGO SPARSA, the eruption being scattered over the whole surface. When collected in patches of different forms, it is IMPETIGO FIGURATA. This cutaneous affection may be confounded with porrigo; but the disease in the latter is more confined to the head, and does not generally extend to the whole body, as in this case.

The seat of the eruption is the corium, but, as before stated, the disease is connected with a depraved condition of the nutritive process. Every variety of chronic cutaneous disease is referable, the lecturer thinks, to this cause, and he accordingly always has recourse, in the treatment, to appropriate eutrophics.

In the present case, iodine was first directed, which was ordered to be pushed so far, as, if possible, to produce iodism, or the decided evidences of its effects on the constitution. By this remedy it was endeavoured to modify the condition of the blood, and, through this, to make an impression on the affected tissues which might cause them to take on a new action. In addition to this, a topical application of the ointment of iodide of sulphur was made. This compound of iodine and sulphur the lecturer has found extremely beneficial in numerous cases. But it is very important, before applying any remedy, that the incrustations, which form on the diseased surfaces, should be removed, otherwise no good will result. This may generally be effected by bathing the parts with warm Castile soap and water, and after the scales have once been removed, care should be taken to prevent their recurrence. If necessary, the parts should be cleansed six or seven times daily: for if this be neglected, no ointment, or other local application, can be of the least advantage. In hospitals it is not difficult to have this attended to, as a person may be appointed for the express purpose of removing the concretions as they form; but, in private practice, it constitutes the great difficulty in the management.

The plan of treatment just indicated as appropriate to impetigo, the Professor regards as applicable to every case of chronic cutaneous disease. The remedies employed to fulfil these indi-

cations are numerous. The character of the topical applications will of course be modified by the existence, or not, of inflammation in the parts. When there is none, gently stimulating ointments will often prove highly beneficial; but if there be inflammation, the applications should be of a soothing nature,—as warm fomentations,—and after reducing all excitement, others of a different kind may be resorted to. As some vice exists, however, in the system, in the vast majority of cases, it must be corrected before any permanent benefit can result from external means. The main object, therefore, should be to administer those remedies which will modify nutrition.

The iodide of potassium is generally had recourse to, and it will, in most instances, answer every purpose. Should it fail, however, other preparations may be substituted.

Recently, "Donovan's solution," Liquor Hydrargyri et Arsenici Iodidi, has been highly recommended in the treatment of chronic cutaneous diseases in general. It combines the action of three potent articles, and may be productive of great benefit in some cases, where the preparations of iodine, mercury, and arsenic have failed, when given alone. It may be prescribed in doses of fifteen minims, three times a day, gradually increasing the dose. With the same intention, the alkalies have been given in large doses. They, also, enter the circulation, modify the condition of the blood, and thus prove beneficial. They have, likewise, been used as topical applications, when moderate stimulation of the parts has been deemed necessary. The tar ointment—unguentum picis—was formerly much employed, but it has fallen into comparative disuse, since its active property has been found to reside principally in creasote.

The *unguentum creasoti* may be used with good effects, where it is desirable to produce any excitement, but the ointment of iodide of sulphur is preferable in most cases.

In every instance, the application of topical agents should be conjoined with the administration of internal remedies. But it should be remembered, that whatever mode of treatment be adopted, it must be continued for weeks, or even months. The Professor here observed, that chronic cutaneous diseases are always very difficult of management, and particularly so in private practice. Great credit often accrues to the practitioner, should he succeed in treating an obstinate case successfully; and he referred to the case of a gentleman, now in extensive practice in a neighbouring city, the foundation of which was partly laid by his having been successful in removing an inveterate cutaneous disease, the cause of much disfiguration and annoyance, by one of the preparations of arsenic. A great secret in the treatment is—perseverance in the use of the remedies em-

ployed,—and in all cases, as before remarked, care should be taken to remove and prevent the re-formation of incrustations, that will assuredly interfere with the action of topical applications.

In conclusion, the Professor remarked, that as all chronic cutaneous diseases are referable to morbid nutrition, they might with great propriety be classed with the cachexiæ. Convenience, however, results from considering them as a distinct class of affections, and therefore it is well to retain them separate.

The attention of the class was then directed to the consideration of a most interesting case. From the first examination, the lecturer pronounced it to be one of

STRICTURE OF SOME PORTION OF THE INTESTINAL CANAL,

and agglutination of the intestines, from chronic peritonitis.

The patient—a man—æt. 44, entered the hospital on the 31st ult. The history of his case, as correctly as could be obtained, is, that about nine weeks since, after eating a large quantity of persimmons, he was seized with violent pain in the stomach, and vomiting. These pains continued for two days, and were so severe as to confine him to bed. They seemed to be paroxysmal, recurring at intervals of half an hour, and were accompanied with costiveness. The pain continued for about two days; and the bowels were not opened until the expiration of that time. He now felt able to get up, and go about, but not to attend to his work. About three weeks since, the pains became more violent, and continued up to the time of his admission into the hospital. They are intermittent, with about half an hour's interval of comparative ease. When first seen he had hiccough: the pulse was not much more frequent than natural; tongue slightly coated. When affected with a paroxysm of pain, the intestines appeared to be thrown into spasm, and to form knots, which were apparent through the parietes of the abdomen. The folds seemed to have become adherent, probably from resulting chronic peritonitis.

When Professor Dunglison first saw him, he presented these phenomena, which were referred by him to some source of obstruction in the intestinal canal: and he directed the stomach tube to be carried into the colon, and soapsuds to be thrown in, so as to distend it. This had not been accomplished effectually, and did not occasion much fecal discharge; an enema of oil of turpentine and mixture of assafœtida was then thrown up, which brought away a considerable amount of indurated feculent matter, with much flatus. He still suffers, however, from the paroxysms of pain, and is exceedingly feeble, the voice being

much altered, and the appearance highly anæmic, with great emaciation.

The patient was brought in on his bed and exhibited to the class. The abdomen was protuberant; and much air was contained in the intestines. Whilst the lecturer gently percussed the intestines, to exhibit the sound rendered over various parts, one of the spasms of the intestines supervened; when the folds of intestine were distinctly seen through the parietes of the abdomen; and pressure indicated the existence of a knotty hardness here and there. The affection being seated in the centre of the abdomen and hypogastric region, the small intestines would appear to be the intestines implicated; but the lecturer stated that he had frequently seen the sigmoid flexure much displaced in cases of stricture near its rectal termination. He had seen a figured evacuation from this individual, and had noticed that it had not the usual dimensions, and was much flattened on one side; whence he inferred that stricture existed, probably in the colon. He was in hopes, however, that it might be caused by some temporary narrowing of the canal by hardened fæces, and he would treat the disease altogether by the rectum, throwing up soapsuds so as to fill the colon and cæcum, and soften any obstruction that could be acted upon in this manner. No remedy would be given by the mouth; and the diet would be strictly regulated. The effects produced by this treatment would be reported to the class at the next lecture.

The Professor concluded the lecture with a few observations on

EPILEPSY.

This disease was formerly supposed to be incurable, and superstitious ideas were often associated with it, as indicated by some of its appellations, Morbus sacer, M. divinus, &c. At the present day, such cases, when inveterate, are usually, both in this country and Europe, assigned to a particular ward, where very little or nothing is done for them, and the *epileptic* is regarded as nearly synonymous with the *incurable* ward. Where the disease has continued for a length of time, very little benefit can be obtained from treatment; but this does not justify the almost total neglect, so often observed, of these cases.

The same benefit is not received by time, in epileptic, as in paraplegic or hemiplegic patients; and it is somewhat strange that such should be the case, inasmuch as the latter are always dependent on some structural lesion of the nervous centres.

The pathology of epilepsy is not as yet understood. There is some modification of the neurine, inappreciable by our senses,

which occasions the various phenomena that characterize it. Whenever opportunities for examination have occurred, nothing satisfactory has been discovered. Sometimes there may have been a depressed bone, an exostosis, or clot of blood, or other compressing agent; but the ossifications of the membranes and tumours, to which it is sometimes ascribed, the lecturer considered, may often be regarded as epiphenomena, or occurrences in the course of the disease.

Epiplesy has been divided into three stages, but the division is not important, as it is based upon differences in degree, rather than upon any essential difference in the affection. In the first, and mildest stage, there is simple loss of sensation and intelligence, or *absence*. The second variety is characterized by a greater disturbance of the nervous system, as depravation of the senses, confusion of mind, or slight convulsions, but the individual does not fall down. This is the *petit-mal* of the French authors. The third variety, and perhaps the only one which deserves the name of epilepsy, is expressed by marked symptoms; the patient shrieks out commonly, becomes insensible, falls down, and, during the continuance of the paroxysm, is totally devoid of consciousness. The convulsions of the extremities and face are marked and often violent.

The attacks may or may not be preceded by evidences of its approach. They occur most frequently in the night, whilst the individual is asleep. This has been supposed to be owing to an alteration in the circulation of the brain, during the horizontal position, more blood being conveyed to it. The Professor, however, believes it to be dependent on a peculiar modification of the condition of that organ during sleep, which is favourable to the occurrence of the convulsions.

The patient is generally ignorant of having had the attack during the night, except from the feeling of exhaustion it produces in the morning, or from some injury he may have inflicted on himself during the paroxysm.

As epilepsy is connected with an inappreciable condition of the neurine, nothing is known of its remote causes; and hence it is classed amongst the neuroses.

The exciting causes are, generally, the presence of some indigestible or irritating matters in the stomach, the impression of which is conveyed through the nerves to the true spinal axis, and thence to the encephalon. Convulsions, indeed, are of two kinds—*centric*, or those whose cause is seated immediately in the nervous centres; and *eccentric*, or those caused by irritations in remote parts, which are transmitted along the nerves to the sensorium, through the spinal medulla. Of the latter character, are the convulsions affecting children during the process of

dentition. In probably the vast majority of cases of epilepsy, the cause is centric, and hence unfavourable.

Formerly, it was supposed that the moon had some influence in the production of epileptic paroxysms; and it was believed, that they were more frequent in some, than in other phases of that luminary. The same idea was prevalent in regard to maniacal patients; and hence the term "lunatic," applied to those cases. But this opinion has been conclusively disproved by repeated observations. It has been ascertained, that if the apartment of the patient be darkened, so as to exclude the light of the moon, maniacal exacerbations are not more frequent during the period of full moon than at any other. If, however, the light be permitted to enter the room, it acts as an irritant, and may thus excite a paroxysm. The same may be said of the influence of solar heat. It is an irritant, and hence maniacal exacerbations are frequent at the summer solstice, when great heat and much light prevail—both of which are powerful excitants.

The prognosis, in the greater number of instances, is unfavourable as to ultimate recovery, if the disease has been of long continuance. It usually impairs the intellect to a great extent, producing dementia. Some of the patients exhibited to the class well exemplified this statement.

The Professor here made a slight digression to explain the difference between dementia, idiocy, and mania, and melancholy. The first being that state in which the intellect is impaired or destroyed, after having been originally of average character, or even above the average. Idiocy is where the impairment or privation was congenital; and in mania and melancholy the mind is more or less perverted on all subjects, the individual being wild and incoherent, or gloomy and drooping; and this, often, on one train of thought, constituting monomania.

Epilepsy is most likely to be confounded with hysteria, but the two affections are usually easily discriminated. In the epileptic paroxysm there is entire unconsciousness; whereas, in the hysterical, the patient is aware of all that is going on around him. Sometimes, however, the affections very closely resemble one another, and demand close attention to distinguish them.

It has been already stated, that this disease is ordinarily considered incurable, so that often nothing is done; but there seems no good reason why we should not endeavour to treat it, as the disturbance of the nervous system, so far as is known, is functional, or at all events the organic lesion is so difficult of appreciation as to prevent it from being understood.

Considerable discrepancy exists as to the proper mode of treating this affection. Some regarding it as congestive, and, at times, inflammatory, have recourse to blood-letting, either gene-

ral or local; but this practice is seldom warrantable, as there is rarely or never inflammation of the brain or its meninges. The Professor considers it to consist essentially in a preternatural impressibility of the nervous system, which generally requires to be treated with tonics, and such articles as may invigorate the constitution. Amongst the tonics, the nitrate of silver is perhaps most frequently employed, and it is often attended with benefit. The lecturer remarked, that he had derived more good from its administration than from any other article of the materia medica, but he would rely more on properly regulated hygienic regimen, than on any therapeutical agency.

All the mineral tonics, as the preparations of zinc, iron, copper, &c., have also been prescribed. Some years since it was customary to give large quantities of indigo; but this practice is now greatly abandoned. Its beneficial influence was probably dependent on the new impression made on the nervous system, by its presence in the stomach. Medically, it is, perhaps, not better than so much saw dust, or any other indigestible substance. Recently, mugwort, *artemisia vulgaris*, has been greatly lauded in Germany, in the treatment of epilepsy, but it probably has no advantage over the articles already alluded to.

The Prussian blue, and a great variety of tonics, have at some time or other been used. All these remedies, however, have but a temporary effect, and exert no curative influence.

The proper period for the administration of our medicines is in the interval between the paroxysms; but these are so variable, and often so protracted, that it is difficult to persuade the patient to subject himself to any plan of medication, and if he could be persuaded to do so, no accurate estimate could be formed of its influence.

Professor Dunglison considers, that attention should be principally paid, as in the convulsions of children, to avoid or remove exciting causes. Where any mechanical cause exists—as a depressed fracture of one of the cranial bones, or an exostosis seems to be diagnosticated,—benefit maybe, and has been, derived from a surgical operation. But no operation would be justifiable, except we were perfectly certain of the existence of such a lesion. The risk of exciting dangerous encephalitis should never be incurred by searching for any supposed mechanical cause.

During the paroxysm, little more can be done than to protect the patient against himself. There is great danger of the tongue being injured by the teeth: this may be avoided by placing a cork, or other material, between them.

The young practitioner ought to be acquainted with all these expedients, and his practical skill and tact are often estimated in this manner. The Professor well recollected being struck by

the simple mode employed by Sir Astley Cooper, in a case of great infiltration of the tongue—the effect of mercurial ptyalism. The organ was protruded from the mouth, and the jaw had closed upon it so that the protruded portion was black and cold. By seizing hold of the tongue enveloped in a cloth, and pressing upon it, the fluid was forced from the tip of the tongue towards the root; and as soon as it could be passed into the mouth, Sir Astley placed a piece of gauze over the mouth, which was fastened behind the neck. In this way the protrusion was effectually prevented, whilst the patient could breathe readily.

The Professor here stated, that in the convulsions of children he rarely found it necessary to abstract blood. He considers them to be generally dependent on extraordinary impressibility of the nervous system, peculiar to the age, and directs his remedies accordingly. They are, for the most part, eccentric, or are excited by the presence in the stomach of some indigestible matter, or by the irritation of dentition. When such offending causes exist, they should be removed by a gentle emetic, and the gums should be freely divided.

Sometimes these convulsions appear hereditary, and bear a striking resemblance to paroxysms of epilepsy, but they generally disappear under the evolutions that take place in the system at puberty, or even before that epoch.

BIBLIOGRAPHICAL NOTICES.

Mental Maladies. A Treatise on Insanity. By E. Esquirol, Physician-in-Chief of the Maison Royale des Aliénés De Charenton, formerly Inspector General of the University, Member of the Royal Academy of Medicine, etc. Translated from the French, with additions, by E. K. Hunt, M. D. 8vo. pp. 496. Lea and Blanchard; Philadelphia, 1845.

The writings of Esquirol on Insanity, have long been regarded as of the highest authority, and we rejoice that the more important of them are now republished in this country, rendered into English, and thus placed within the reach of all who may desire to become acquainted with the opinions and experience of that able and estimable writer, on subjects to the investiga-

tion of which his long life has been devoted. To quote his own language: "The work now offered to the public, is the result of forty years study and observation. I have noticed the symptoms of insanity, and have studied the manners, habits and wants of the insane, in the midst of whom I have passed my life. I have also tried the best modes of treatment. Confining myself to facts, I have arranged them according to their relations. I have stated them as they have been observed, without, in general, attempting to explain them; and have avoided systems, which always appeared to me more seductive by their splendor, than useful in their application." Accordingly, we find the work throughout to be eminently plain and practical in its character. The materials of it have been collected at the great institution of Salpétrière, at the Hospital at Charenton, and from his private practice—sources far greater probably than ever were enjoyed by any other individual.

The contents of the volume are arranged under the following heads, viz.: *Insanity; Hallucinations; Illusions of the Insane; Fury; Mental Alienation of those recently confined, and of Nursing Women; Epilepsy; Critical terminations of insanity; Lypemania, or Melancholy; Demonomania; Suicide; Monomania; Mania; Dementia; Idiocy.*

"The first chapter, entitled Insanity, is a summary of the sentiments prevalent on this subject; the remaining ones are commentaries, and a more full exposition of these views."

We shall not presume to criticise the opinions or the practice of an author whose opportunities for observation have been so great, and whose ability to appreciate what he witnessed has been acknowledged by all who have read his productions; but content ourselves with such extracts as will enable those of our readers who are unacquainted with the writings of the author, to judge something of his remarkable acuteness in the perception of facts and resemblances, the closeness with which he has adhered to these in his reasonings, and the clear, concise, and most appropriate language in which his views and observations are set forth.

Under the general head of Insanity, after some very eloquent and feeling remarks on the various manifestations of mental alienation, the claims of the sufferers on our kindness and at-

tention, and for which "an approving conscience is the chief reward," M. Esquirol proceeds to consider his subject under four principal heads, viz.: 1. The symptoms which characterize *insanity*; 2. Its causes; 3. Its progress and different terminations; 4. The general principles of its treatment.

I. *Symptoms of Insanity.*

"Insanity, or mental alienation, is a cerebral affection, ordinarily chronic, and without fever, characterized by disorders of sensibility, understanding, intelligence and will—I say ordinarily, because insanity is sometimes of brief duration; and because, at its commencement, and sometimes during its course, febrile symptoms are manifested. Among the insane, sensibility is exalted, or perverted; and their sensations are no longer in relation with external or internal impressions. They seem to be the sport of the errors of their senses, and of their illusions. Many insane persons do not read, because the letters appear to be mingled in a confused mass, so that they are unable to arrange them in such a manner as to form syllables and words. A thousand illusions of sight, produce, and continue their delirium. They recognize neither their parents nor friends, and regard them either as strangers or enemies. They are no longer correct in the appreciation of the qualities and properties of surrounding objects; many believing themselves at their usual places of abode, when, indeed, they are very far removed from them, and reciprocally."

These various symptoms are illustrated by the recital of cases, with apposite remarks, in the briefest but most explicit language.

II. *Causes of Insanity.*

"The causes of mental alienation are as numerous, as its forms are varied. They are general or special, physical or moral, primitive or secondary, predisposing or exciting. Not only do climates, seasons, age, sex, temperament, profession and mode of life, have an influence upon the frequency, character, duration, crises, and treatment of insanity; but this malady is still modified by laws, civilization, morals, and the political condition of the people. It is, also, produced by causes, whose influence is more immediate, and easily appreciated."

The opinions of our author on the general causes of insanity, are briefly as follows:

1. *Climate.* He regards the predisposition greatest in "temperate climates, subject to great atmospheric vicissitudes, and especially those whose temperature is alternately cold and

humid, damp and warm. We see less of insanity in the Indies, in America, in Turkey and Greece; more of it in the temperate climates of the north."

2. *Seasons.* In the Salpêtrière, during nine years, the admissions were most numerous during the months of May, June, July and August; the proportion decreasing from September to December, and still more from February to March.

3. *Age.* "To determine what period of life furnishes the greatest number of insane persons, it was sufficient to bring together the records, made up under very different circumstances. One of them was made at the Bicêtre, where poor men only are received; another at the Salpêtrière, a hospital destined for poor women. The last related to an establishment devoted to the wealthy. From these reports we may conclude: 1st, that the age which furnishes the greatest number of insane, is for men, that from thirty to forty years; whilst for women, it is that from fifty to sixty years; 2d, that the ages which furnish the least, are for both sexes, childhood, youth, and advanced age; 3d, that among women, insanity appears earlier than among men, indeed from twenty-nine to thirty years of age; 4th, that the rich are afflicted, in comparison with the total number of insane persons, in a greater proportion than the poor.."

4. *Sex.* "Cœlius Aurelianus assures us, that women are less subject to insanity than men; and what was true in his time is still so in Italy and Greece. In the north of France the contrary is true; the number of insane women being, in that region, greater than that of men. In England, the number of insane men bears a more equal proportion to that of women. We find the reason for this difference, in the comparison of their habits.

"The vices of education adopted by our young ladies, the preference given to acquirements purely ornamental, the reading of romances, which gives to the intellect a precocious activity and premature desires, together with ideas of an imaginary excellence that can never be realized; the frequenting of plays and society; the abuse of music, and the want of occupation; are causes sufficient to render insanity most frequent among our women.

In England, women receive a more substantial education; they lead a more retired life, and do not take so important a part in public affairs. The social existence of men does not depend so much upon their acts or caprices, and hence there are less insane women than in France."

In summing up the reports, however, from various institutions in different countries, our author arrives at the following general conclusions :

"1. That in a very considerable number of insane people, collected from different countries, and in different conditions, the disparity in numbers between men and women, is much less considerable than is usually supposed :

"II. That this difference approaches very nearly the proportion which exists between the two sexes, in the general condition of the population :

"3. That this difference is not the same in all countries :

"4. That in France the proportion of women is much greater than in England."

5. *Temperament.* "Simple temperaments," the author remarks, "are so rarely met with in practice, that it is not easy to point out with precision, that of this or that individual; and for a still stronger reason, that of one insane person or another. The sanguine temperament constitutes one of the predispositions to mania. The nervous temperament characterized by a susceptibility which every thing irritates and exasperates, in consequence of a susceptibility which deprives its possessor of the faculty of reasoning, is favourable to the production of mania and monomonia."

"In general, those who have black hair, who are strong robust, and of a sanguine temperament, are, when effected, maniacs, and furious. The course of their insanity is more acute, its crises more marked, than among those composing the other classes. Those whose hair is of a flaxen colour, who have blue eyes, and a lymphatic temperament, become maniacs and monomaniacs; but their insanity passes readily into a chronic state, and degenerates into dementia. Those who have black hair and eyes, and who are of a dry, nervous temperament, are more frequently lypemaniacs. Those who have red hair, are furious, traitorous and dangerous."

6. *Profession, and mode of life.* We cannot deny to our readers some of the author's remarks on this division of his subject. The extensive observation of the operations of the human mind which they manifest, the deep reflection, the profound philosophy they inculcate, characterize them more eminently than the productions of any other writer on the same subject with which we are acquainted.

"Persons who devote themselves very perseveringly to study, who abandon themselves to the vagaries of their imagination,

who fatigue their intellect, either by a restless curiosity, or by turning aside in obedience to theories and hypotheses, or the allurements of speculative ideas, present a condition favourable to the developement of mental alienation.

"Some, possess an uncontrollable mental mobility; glance at everything, but are incapable of thoroughly investigating any thing. Others, take an interest only in certain objects, and manifest an obstinate tenacity for the same meditations and conceptions.

"These two classes, placed at opposite extremes, stand upon the confines of insanity, unless they constantly keep in check those native dispositions.

"Dryden has said that men of genius, and the insane, stand near together. If he meant by this, that men, who possess very active and disorderly imaginations, who have great exaltation and mobility of ideas, present striking analogies with the insane, he spoke correctly. But if he meant, that great intellectual capacity, occasions a predisposition to insanity, he is mistaken. Men of the greatest genius, both in the sciences and arts, the most illustrious poets, the most skilful painters, have preserved their reason, even to extreme old age. If we have seen painters, poets, musicians, and artists become insane, it is because they associate, with a very active imagination, great errors in regimen, to which their organization exposed them, more than other men. It is not because they exercise their minds, that they lose their reason; nor is it the culture of arts and letters, that we are to accuse. Men, who are endowed with great power of thought and imagination, have special need of sensations. The greater part of painters also, of poets and musicians, impelled by the need of emotions, abandon themselves to numerous errors of regimen; and it is these, far more than excessive study, which are the true cause of their insanity.

"In other cases, the understanding takes an exclusive direction; and the man meditates without cessation, upon subjects connected with metaphysical speculations, and confines himself to them, with a determination proportionate to the efforts that are made to divert his mind. All his physical and moral faculties are absorbed. He neglects the most important personal attentions, condemning himself to practices which seriously affect his constitution."

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"The prevailing sentiments of every age, exercise a powerful influence, over both the frequency and character of insanity. It would seem that certain minds, impressed with new conceptions, cannot divest themselves of them. The same effect, which reflection, too long continued, produces upon individuals, is

produced upon an entire population. Thus, historical monuments prove, that at the birth of christianity, there was much religious melancholy.

"The chivalrous spirit which succeeded the crusades, multiplied erotic melancholy. Civil and religious discords, excited by Calvinism, caused a return of religious melancholy. Magic and sorcery have had their turn. Ideas of liberty and reform have turned many heads in France, and it is remarkable, that those forms of insanity which have appeared within the last thirty years, have been characterized by the political convulsions, that from time to time have visited our country.

"Finally, it is not discoveries, nor is it a new institution, which always produces insanity."

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"In France, there is less insanity in the country, than in cities.

"The countrymen are more apt to contract religious, or erotic insanity. Among them, insanity is caused by the simple passions, love, anger, and domestic chagrin; whilst in cities, it is produced by wounded self-love, disappointed ambition, reverses of fortune, etc.

"The less depraved morals of the Anglo-Americans, are one of the causes, in consequence of which there is less insanity among them than elsewhere; as the reports of travellers prove, not less than the records of their own hospitals.

"In England, where we find united all the caprices, as well as the excesses of civilization, insanity is more frequent than any where else. Unsuitable marriages; those contracted by parents, and above all, alliances formed with families where there is an hereditary predisposition to insanity, the hazards of remote speculations, the indolence of the rich, and the habitual use of alcoholic drinks, are the causes which multiply insanity in England. 'Every thing degenerates in the hands of man,' said J. J. Rousseau. Without doubt, civilization occasions disease, and augments the number of the sick, because, by multiplying the means of enjoyment, it causes some to live too well, and too fast. But the more perfect civilization becomes, and the more the life of the common people is ameliorated, the greater will be its medium duration. Moreover, it is not civilization that we are to accuse, but the errors and excesses of all sorts, which it enables us to commit.

"The morals of the Italians, render religious melancholy and erotomania, very frequent in Italy.

"The ignorance of the middle ages, caused demonomania and vampirism to multiply, and they are now reunited in the extreme

north of Europe, as well as in other countries which civilization has not illuminated with its light, nor enriched by its benefits.

"For thirty years, the changes that have been going on in our morals in France, have produced more insanity than our political troubles. We have exchanged our ancient usages and opinions, for speculative ideas, and dangerous innovations.

"Religion comes in only as a usage in the most solemn acts of life,—it no longer brings consolation and hope to the unfortunate. Religious morality no longer guides the reason, in the straight and difficult paths of life:—A cold egotism has dried up all the sources of sentiment. There is no more domestic affection, nor respect, nor love, nor authority, nor reciprocal dependencies. Each lives for himself; no one forming those wise combinations, which connect the present, with coming generations.

"The ties of marriage are mere pretences, which are formed by the wealthy, either as a speculation, or to gratify their self-love; and which the common people neglect, through disdain for the clergy, indifference and libertinism. These deplorable facts, have prevented me from taking an account of the marriage state, of celibacy, or widowhood, among women who enter our hospitals, and consequently, from being able to appreciate, among them, the influence of marriage in the production of mental alienation.

"About one-fourth of the persons admitted into my establishment were bachelors; twenty-six only, were widowers. Having been concerned in the treatment of many soldiers, as well as students, this proportion of single men, of the higher class, will not be surprising.

"The change in our morals, will be felt longer, in proportion as our education is more defective.

"We take great care to form the mind, but seem to forget that the heart, like the mind, has need of education.

"The ridiculous and deplorable tenderness of parents, subjects to the caprices of infancy, the reason of mature age.

"Each gives to his son an education superior to that which is suited to his social position and fortune; so that children, despising the knowledge of their parents, disdain the reproofs of their experience.

"Accustomed to follow all his inclinations, and not being habituated by discipline, to contradiction, the child, having arrived at maturity, cannot resist the vicissitudes and reverses by which life is agitated. On the least adversity, insanity bursts forth; his feeble reason being deprived of its support, while the passions are without rein, or any kind of restraint.

"When we add to these causes, the manner of life of the women in France, the insatiable relish which they have, for romances and the toilette, for frivolities, etc., together with the misery and priva-

tions of the lower classes, we shall no longer be astonished at the disorder of public and private morals, nor any longer have a right to complain, if nervous disorders, and particularly insanity, multiply in France; so true is it, that whatever relates to the moral well-being of man, has always a most intimate connection with his physical well-being and the preservation of his health.

"We believe also with Pinel, that an undue severity,—that reproaches for the slightest faults, that harshness exercised with passion, that threats and blows exasperate children, irritate youth, destroy the influence of parents, produce perverse inclinations, and even insanity; especially, if this severitv is the result of the caprices and immorality of fathers.

"This system of severity, is less to be feared at this day, than that of which we have spoken above, particularly among those in easy circumstances, and the wealthy.

"The depravations of both minds and morals, which are effected by the vices of our education, by disdain for religious beliefs, and by the faultiness of public morals, exercises its influence, upon all classes of society.

"But how happens it, that we never cease to declaim against the higher class, and to extol the virtues of the people!

"These philosophical declaimers, lived with the great whom they calumniated, and knew not the people. If they had studied the morals of their country, they would have been convinced that the corruption is most general, greatest, most hideous, among the lower class; that it gives birth to almost all the evils of society; that it produces much insanity, and at the same time much more of crime than in the higher classes.

"The vices of education in the higher classes, and the want of it in the lower, explain these differences. Education supplies the place of morals among the former; while no motive suspends the arm of the mob."

7. *Passions.*—Under this head, interesting as it is, and ably handled, our extract must be brief.

"In my *Dissertation on the passions, considered as causes, symptoms and curative means of mental alienation,* I have principally considered them, as the most essential symptoms, and the most powerful therapeutic agents in insanity.

"The first wants of man, limiting themselves to those connected with his preservation and reproduction, provoke the determinations of instinct; an internal impulse leads us to gratify them.

"The secondary wants attach themselves to the first, and the desires which they excite, acquire as much more energy, as we have means of satisfying them. They produce the primitive pas-

sions; in fine, they are the wants which are connected with our preservation; and are the fruit of our increased intelligence and civilization. They engender the factitious passions,—those passions which cause the greatest injury to man, especially in the higher walks of life.

"Infancy, exempt from the influence of the passions, is almost a stranger to insanity; but at the epoch of puberty, the sentiments, unknown until this period, cause new wants to arise. Insanity then appears, to trouble the first moments of the moral existence of man.

"At mature age, the relations become extended, social wants multiply, and the passions take a new character. In proportion as the amorous passions become enfeebled, those of a factitious nature grow strong. Personal interest, ambition, love of distinction, and avarice, replace the charms of love and delights of paternity.

"At this period of life also, mental alienation appears; insanity is more obstinate, and more concentrated. It passes more readily into a chronic state; and is more dependent upon abdominal lesions.

"A sense of his weakness renders the old man more calm; and while meditating upon the errors to which the passions lead, he isolates himself, and becomes an egotist.

"Insanity from a moral cause, rarely exists with him, and when he loses his reason, it is because his organs are fatigued and exhausted. Hence, it is neither mania nor monomania which is developed at this period, but senile dementia.

"Of all moral causes, those which most frequently produce insanity, are pride, fear, fright, ambition, reverses of fortune, and domestic trouble. This last should have been placed, relative to its great influence, at the head of moral causes, if it be limited to a simple idea; but by domestic troubles, I express all the pains, all the griefs, all oppositions, misfortunes and dissentions, that grow out of the family state."

We have made more copious extracts from this important work than is our custom, not with the hope of doing the author justice, but that our readers may see something of its excellence, and be induced to buy and read it. Of all the works that have ever been written on the subject of insanity, it is unquestionably the best. The multitude of facts which it contains, briefly and perspicuously stated, and admirably classified; the benevolence and sound christian philosophy discoverable in every page and in every paragraph; the beauty and terseness of its style, and freedom from technicalities—altogether, it is one of the most agreeable books to read,

whether for the physician, the lawyer, the divine, or the layman, that has ever come from the press.

In regard to the labors of the translator and editor, we have only room to say, that his translation is creditable, while his occasional notes and comments give additional interest to the work, especially as they express the views at present prevailing on the several topics on this side of the Atlantic.

On the Anatomy and Diseases of the Urinary and Sexual Organs; containing the anatomy of the Bladder and of the Urethra, and the treatment of the obstructions to which these passages are liable. By G. J. Guthrie, F. R. S., Surgeon to the Westminster Hospital, and to the Royal Westminster Ophthalmic Hospital, &c. &c. From the third London edition. Philadelphia: Lee & Blanchard. 1845.

It was a quaint remark of the late Dr. Parrish, that "the cream of Surgery was contained within the pelvis," and certainly there are no diseases within the range of the science, which require for their successful management a more intimate acquaintance with the anatomy of the parts concerned, and a higher exercise of skill in operative procedures, than those which affect the urinary organs. There are, indeed, few complaints attended with an equal amount of risk and suffering, and in which the prompt interference of the Surgeon is more urgently demanded, and his efforts, if successful, more highly estimated, or more amply rewarded.

It is, therefore, with no little satisfaction, that we notice the work of Mr. Guthrie in an American dress, and at a cost which renders it accessible to all classes of physicians.

It is needless to bestow praise upon a book, from a writer who deservedly takes rank amongst the first of English Surgeons, and whose opportunities of observation and experience upon the subjects of which he treats have been so ample; we can only exhort our readers to possess themselves of it, and study its contents, and we can promise them an addition to their stock of knowledge, upon a difficult and perplexing subject.

The first two chapters are chiefly occupied with an exposition of the anatomy and relative position of the urinary organs, and

with directions for using the catheter. On some anatomical points Mr. Guthrie's views differ from those generally entertained by Surgeons.

The parts about the neck of the bladder are thus described:

"The opening, or meatus, through which the urine passes, is the commencement of the neck of the bladder; it is situated at the lower portion of the anterior part, and opens internally almost abruptly, or with a little depression, but in no way resembling the funnel-like process to be observed in animals. If the bladder be cut across transversely, this opening will be seen resembling a perpendicular slit, although it is sometimes of a rounder form. Beneath it there is a space of a triangular form, evidently whiter and of a more condensed and elastic structure than any other part; the apex of this triangular space, *trigone* of the French, is formed by a slight projection at the very opening of the bladder, called its uvula, or *luette*, whilst the base of the triangle is marked by a strong whitish-colored band, which passes transversely across from side to side. The ureters open within the two extremities of this band, and from these two another more prominent line or band descends, inclining inwards, so as to meet like the letter Y, the point being inserted into and behind the uvula. The width of the base is about an inch and a quarter from the opening of one ureter to that of the other; and there is about the same distance from the apex of the triangle to the base. The ureters, descending from the kidneys, enter the back part of the bladder obliquely, pass between the longitudinal and spiral layers of fibres, and then proceed obliquely through the spiral or internal layer, to open near the extremities of the base of the triangle above described. The orifices of the ureters are surrounded by a peculiarly condensed and elastic substance which lies beneath the mucous lining of the bladder, and between it and the internal muscular coat. This superadded structure begins at the base of the triangle, inclines inwards as it advances towards the neck of the bladder, forms in a great measure the orifice, appears to be continuous in the passage forwards, and to constitute the elastic membrane of the urethra. The triangular space of the bladder being elastic, yields to a certain extent to any moderately dilating force, from which point it returns to its original state, on the removal of the extending power."

Mr. Guthrie's peculiar views in regard to the mechanism by which the reflux of urine through the ureters is prevented, during a state of distension in the organ, are thus expressed—

"The linear bands, descending from the ureter on each side, are composed of a substance partly muscular, partly elastic.

They have been called the muscles of the ureters, and are described as inserted, fleshy and tendinous, into the prostate gland. They appear to be inserted fibrous into and behind the uvula, but the fibres of the bladder generally vary much with regard to the manner in which they pass over or are inserted into the prostate; and I have no doubt that some fibres may be found passing into the posterior edge of the gland, as has been stated by Sir C. Bell. It has been hitherto presumed that the ureters have no valves at their orifices to prevent the reflux of urine into them after it has passed into the bladder, such an apparatus being unnecessary in consequence of the oblique manner in which they enter between the muscular layers of bladders, which compress and close them when it is distended, so as to prevent a reflux from taking place. It appears to me that this mechanism is intended for the very reverse object. The ureter opens on a peculiarly condensed structure, in order that the orifice may be constantly patulous; and the obliquity of its passage through and between the muscular coats of the bladder, is for the purpose of giving facility to its being pressed upon and closed when the viscus is in a distended state, in order to delay if not to prevent the further flow of urine into it from the kidney. When the bladder is contracted and empty, the urine passes readily into and gradually dilates it, until the desire for expulsion comes on and leads to its evacuation. A little more or a little less seems to have no influence in preventing the urine from finding its way in, the weight of the column descending from the kidney readily overbalancing to a certain point the resisting power of the coats of the bladder. When the bladder is distended, it no longer yields easily, the ureter is pressed upon by the muscular wall in its passage through it, and the further entrance of urine is in a great measure prevented. If the obstruction be long continued, the ureter above this part is gradually dilated from the size of a crow quill to that of a man's thumb, and even larger; the pelvis of the kidney increases in size, a low or chronic inflammation is induced, the secretory organs are pressed upon and partially removed, so that the kidney may become at last an almost empty bag separated by partitions, indicating only the former existence of its lobes. A total suppression of the secretion may, under such circumstances, take place at any time. The most remarkable example of the kind which has come under my observation, occurred in the case of a lady who suffered from a cancer of the uterus; the disease after a time extended towards the ureters, which at last were embraced and pressed upon by it as they entered the bladder. The lady, as this took place, began to suffer more from derangement in her urinary apparatus; the bladder was found ultimately, on passing the catheter, to contain

little or no water; she fell into a state of low fever, became paralytic, afterwards comatose, and died. On examination, the orifices of the ureters were found in a sound state, although the ureters were impervious at the part where they were grasped by the diseased structure; above this they were greatly enlarged, and the kidneys were much diseased and sacculated. The peculiar manner in which the ureters enter into the bladder is, then, an admirable provision of nature for the purpose of preventing too great a distention of the bladder rather than of the ureters, for nature can accommodate herself for several days to a complete suppression of the secretion of urine, and for a very long time to a partial secretion of it. The natural quantity usually secreted varies from two pints to two and a half in the twenty-four hours, and when an obstruction takes place preventing its evacuation, the bladder may become considerably distended; but the same quantity will not be secreted during the second twenty-four hours as in the first, and there will be still less during the third, before which time relief ought to be given by operative means, if it should not occur otherwise. This provision of nature is therefore intended, I apprehend, to protect as far as possible the bladder and urethra, rather than the constitution of the patient; the bladder and urethra being more susceptible of mischief in a shorter time than the system at large. I am disposed to believe that the two bands on the triangular space, called the muscles of the ureters, are better fitted for keeping the part fixed, and for strengthening and for raising it up when necessary, than for keeping open, and in a straight line, the channel of the ureters."

Mr. Guthrie lays great stress upon the existence of an elastic structure at the neck of the bladder, and believes that many affections attributed to the enlargement of the prostate gland, arise from a defect in the elastic property of this part. As a consequence of this defect, stricture of the orifice of the neck of the bladder occurs, and at a later period, if not relieved, irregular muscular action is induced, the transverse and longitudinal muscular fibres of the bladder act with greater vigor, and during this augmented action the mucous coat sometimes becomes distended by the urine, and protrudes externally between the muscular fibres, thus producing vesical pouches.

The effect of these vesical pouches in forming a lodgement of stone, and upon the evacuation of the bladder in cases of retention of urine, is thus noticed.

"The commencement of an extra vesical pouch is thus formed,

which goes on increasing, if the same cause continues which gave rise to it, until it attains considerable magnitude: the opening between the muscular fibres by which it began, is usually of a small size, leading to a large cavity, into which a stone may pass, and be fortunately shut up so as to give rise to no further inconvenience, and to the belief that the stone has been dissolved or passed. In other instances, the opening may be so large and in such a situation as to admit of the stone being struck by the point of the sound, although it will not be readily discovered or extracted after the operation for its removal has been accomplished. In all cases a quantity of urine may and will be received in these pouches, and various secretions may be poured into and retained in them. In some cases of this kind, after drawing off the urine by the catheter, and as I supposed emptying the bladder, I found I could still get more by passing the instrument in a certain direction, and in all probability into one of the pouches which had been thus formed. This is however an accidental circumstance, not commonly met with. If the bladder be emptied by the catheter in the erect position, and the patient be made to change it by lying down, retaining the catheter in its place, an additional quantity may run from the instrument, showing that one or other of these pouches has been emptied. A gentleman consulted me on account of a difficulty he had in passing his water, for which he used an elastic catheter twice a-day and sometimes thrice, with great relief. The symptom he complained of as most disagreeable, was, that after emptying his bladder in the erect position before going to bed, he soon after felt the desire to make water return, and on straining forcibly he could pass a small quantity. I desired him to use the catheter a second time when he felt this uneasiness, which he did, and obtained about three ounces more water. This led to the belief that he had pouches in his bladder, which were only emptied by change of position. I wished him to ascertain what position emptied them; but he could not do this in a satisfactory manner, for a reason which appeared after death, namely, that there were several pouches, which could not at all be emptied by the same position. He obtained, however, considerable relief by first drawing off his water in the erect position, and then by lying down with the catheter in the bladder, and by changing his position from either side to his face (for these pouches rarely form on the fore part) he removed a further quantity; after which he obtained rest, until the pouches and the bladder were refilled, and the desire to discharge his water again became considerable. In another gentleman, the existence of one or more pouches of this kind became evident on injecting the bladder; twelve ounces of warm water could be thrown into it before much uneasiness

was produced; but on drawing it off, ten ounces only could be obtained, and rarely the whole twelve even by any change of position. In this case there were five pouches, of different sizes; and there was also a peculiar symptom, which I had then met with in three others, without being able to account for it, and which may have depended on the same cause in all."

Mr. Guthrie's description of the structure and course of the urethra is exceedingly minute and accurate; a thorough knowledge of this route, being of the utmost importance to the practicioner who undertakes the introduction of the catheter. He considers any amputation of the *length* of the canal of little consequence in practice, its points of attachment and curves being the chief guides in the introduction of instruments: the natural obstacles which are to be met with in the passage of the catheter, and the means of avoiding them are also carefully pointed out.

Several chapters of the work are occupied with the consideration of the several varieties of stricture.

In the treatment of spasmodic stricture, Mr. Guthrie considers that the ordinary practice of giving hot baths, fomentations, anodynes, &c., before resorting to the catheter, should be reversed, and that the catheter should be first tried, as the most speedy means of affording relief, and if this fail, that the other measures should be instituted preparatory to a second trial.

By this course, whether the catheter succeed or not in the first instance, the patient's mind is more reconciled to the use of the other remedies after a trial with the instrument.

We cannot follow our author, through his admirable account of the formation and symptoms of permanent stricture—but must be content with calling attention to several important practical points in their treatment.

The following remarks on the true method of dilating a stricture are well worthy consideration—

"A stricture cannot be cured by dilatation until such time as a passage has been obtained through it sufficient to admit a small bougie; when one of a size that will pass without inconvenience is to be introduced, and allowed to remain for any time not exceeding an hour; and if the bougie is a little conical, the stricture may not only be completely filled by it, but moderately dilated. If the stricture is very irritable, the soft bougie may be

grasped and marked by it, and the same thing will occur if the bougie be too large and too strongly forced into it. If the bougie is rather too large at the point, it will not proceed on meeting with the stricture, although sometimes, by a gentle pressure for two or three minutes, the stricture will gradually yield, and allow it to go through; but there is a probability that more irritation will follow this mode of proceeding than if a small one were first introduced for a quarter of an hour, and a larger one then made to take its place, which it will almost always readily do. This is, in fact, the principle on which dilatation should be conducted, and it will always be accomplished more safely and easily for the patient if done in this manner; for it is indisputable that a larger bougie can always be introduced if it follows a small one, easier than without such a precursor. The bougie should never be used as a mere dilating instrument oftener than every two days, and when the urethra is irritable only every three and sometimes four days. Proceeding in this manner the stricture gradually yields, and a bougie, whether made of plaster or of silver, having a proper curvature, and as large as the orifice will admit, will at last proceed through the whole passage without meeting with any obstacle; and it ought to be repeated at longer intervals, until the disposition for contraction seems to be removed, when the cure will often be complete. When a stricture has been more permanent or of long duration, the patient should be taught the manner of passing it, so that he may use it once a week, then once a fortnight, and at last once a month or quarter. In this way I have made many most successful cures, even where the patient at the beginning of the treatment could scarcely pass his water; and there can be no doubt of its being the best method of proceeding when it proves successful, for the inner membrane of the urethra is restored as nearly as possible to its former and natural state."

In regard to the use of Caustics in permanent stricture, Mr. Guthrie differs from some of the highest surgical authorities.

He considers that the strong prejudice which exists particularly against the nitrate of silver, is founded upon the abuse of the article; and recommends its use under particular circumstances as a valuable aid to dilatation. The chief advantage to be derived from the application is in the relief of spasm and irritation, and not from its caustic properties in destroying the morbid structure.

The following method of application is recommended by Mr. Guthrie, and is certainly liable to fewer objections than the use of the solid stick formerly employed.

"I have for many years," says our author, "restricted my ef-

forts with the lunar caustic to its admitted utility in removing that degree of irritation in a part which approaches to inflammation, and having long since found the great advantage to be derived from it in the form of ointment in chronic inflammation of the inside of the eyelids, I use it in almost a similar manner for the removal of irritable spots in the urethra. I have for this purpose a hollow elastic bougie, made round at the point, and of the same size throughout. Within an inch of the end, a round or oval hole should be made as in a catheter, and the part beyond the hole and up to the point should be filled up. Into the hole a quantity of the unguentum argenti nitratis* is to be introduced, and when the hole of the hollow bougie is opposite the irritable spot, the stillet made of whalebone is to be pushed down or home, having been previously so within an inch, when the ointment is forced out into the urethra, to the surface of which it is to be applied by turning the instrument half round, or by passing it backwards and forwards. The quantity used must depend on the judgment of the surgeon, and the age of the ointment, which is always milder in its effects, from the decomposition which takes place as it becomes older. It gives no pain at the time of application, although it sometimes causes a heat and a slight sensation, to be shortly afterwards followed, in most instances, by great relief. It does not however answer in all cases, and is not recommended as a universal remedy for them, although I have never seen it do mischief. It is very efficient when properly applied in some of the worst of those cases which Lallemand has described, but which are so rarely seen in England, as affecting the posterior part of the canal, accompanied by unknown or almost imperceptible emissions of semen, which may be found in the urine. It is equally, indeed more useful in chronic irritation of the anterior part of the urethra which remains after a gonorhœa, when it may be applied on the surface of a soft bougie, and will often effect a cure when all other means fail."

Mr. Guthrie does not consider the effects of the potassa fusa as salutary, either as an allayer of irritation, or as a remedy for the destruction of hard and gristly parts, as the nitrate of silver, whilst it is open to nearly all the objections urged against the latter article; judiciously applied, however, he thinks it well adapted to some cases. In connection with the application of caustics, we find some interesting observations on the occurrence of

* The unguentum argenti nitratis is made of ten grains of finely powdered argentum nitratum, rubbed carefully up with one drachm of ung. cetacii and fifteen minims of the liquor plumbi diacetatis.

hemorrhage from the urethra, and the means of arresting it, which we cannot avoid transferring to our pages, knowing the difficulty which often occurs in the treatment of this accident:

"Hemorrhages from the urethra, after the application of caustic, are caused by the sloughs separating and leaving the cells of the corpus spongiosum exposed, or by the ulcerative process extending to some small vessels, the canals of which are partially opened. These, it is said, cease of themselves, although not until a great loss of life has been frequently sustained, and it has been recommended to let the parts alone. I apprehend, however, that they should be met and treated like hemorrhages from the same place from other causes.

The most alarming hemorrhages I have met with occurred from common causes, and were arrested by pressure on the perineum. A gentleman living in Cockspur-street, had had a catheter passed by a surgeon of great reputation and ability in the morning, without either pain or inconvenience. On his return home he found there was a considerable oozing of blood, an accident which may readily happen without any undue force having been applied, which continued during the day, and induced him to send in the evening for his surgeon, who was unluckily out of town; the bleeding increased in the night, and in the morning early I saw him. There were several tubs of ice and water in the room, all apparently containing a considerable quantity of blood; his face was deadly pale, the pulse scarcely perceptible; and he said he had bled a pailful, which was of course an exaggeration. The bleeding was arrested in a few minutes by pressure, and did not return.

A tradesman had passed a common soft bougie for himself, the point of which had caught on some small opening, and, it is presumed, had penetrated into it; he bled for two days and two nights, when I was desired to see him in Paddington-street. I found him kneeling in bed, and straining violently to pass his water, but which came with great difficulty, as the bladder contained a good deal of coagulated blood, which had passed backwards into it. He was as white as a sheet, and fell back in his bed, nearly insensible, almost as soon as I entered the room; having, as he said afterwards, passed several quarts of what (as it all coagulated) he considered to be pure blood; but as urine and blood coagulate together when out of the body in equal proportions, it is probable that only half of it was blood. This bleeding was also arrested in a few minutes by pressure, and did not return.

For the purpose of knowing where to make the pressure, any light, flat, narrow, but firm substance should be prepared, such

as a piece of cork, which can always be procured. The patient should then force all the coagulated blood out of the urethra; and as the bleeding usually takes place in these cases from that part which is anterior to the triangular ligament, pressure can readily be made upon it externally; but as it might be made a little before or behind the exact spot, in either of which cases it would be useless, the selection of the spot must be carefully attended to. This is done by beginning as far back as possible, and gradually bringing forward the finger by which the pressure is made. At a certain point the flow or dropping of blood will be arrested, and the precise spot from which it comes will be in all probability a little behind where the finger rests; a fact which can also be easily ascertained by carrying the finger a little backwards, when the blood will again flow. The bit of cork or pad can now be duly placed, and the patient should be desired to make pressure on it himself, which he can often more readily do than an assistant."

A chapter of the work is devoted to the consideration of impassable stricture, one of the most difficult and embarrassing cases in surgery.

The directions of our author for the management of this variety of stricture are replete with instruction, and if carried out with patience and discretion would have saved many a patient from the horrors of a painful and uncertain operation, and even from death itself. The rashness and haste often manifested, especially by the inexperienced Surgeon, to overcome an obstinate stricture, by severe and prompt treatment, has been the cause of so much mischief, and still prevails to so great extent, that we cannot avoid quoting Mr. Guthrie as authority for a milder and more certain course. On this point he thus expresses himself:

"When a stricture is impassable by the bougie, but is permeable by the urine, although it flows with difficulty, and there is no urgent necessity for the immediate removal of the obstruction, two different modes of proceeding may be adopted for its cure; one by a long continued and equable pressure, made on the face of the stricture by a pliable hollow gum elastic bougie, with which I have usually succeeded in overcoming the obstruction when not of any great extent; and of effecting a passage into the bladder, without giving rise to the alarm and anxiety which more vigorous measures sometimes occasion. The other, by steady pressure made for a short time at intervals with a solid instrument, until the obstruction is gradnally overcome.

It might be supposed that the continued presence of a bougie

would give rise to a greater degree of irritation than previously existed, and in all probability to a complete retention of urine. It usually, however, calms the existing irritation, and after a few hours, if the patient becomes sensible of any difference, it is that his water passes more freely than before. The dilatation, nay, the mere separation of the sides of the urethra without any special dilatation, has an influence of a very favorable kind on a stricture, and may, without being carried further, effect a diminution of the contraction in slight cases, so as to allow a bougie to pass with little difficulty. In severe cases, the dilatation of the canal in front of a stricture does but little unless the dilating substance touches the stricture itself; a fact I have had proved, by finding that a bougie may remain for months in a false passage, beginning immediately in front of a stricture, without exerting upon it any perceptible influence.

The best dilating material is a pliable hollow gum elastic bougie, of a medium size, and perfectly smooth, and tolerably round at the point, so that it may give as little uneasiness as possible. This instrument is to be fixed in the urethra in the same way as a gum elastic catheter is fixed in the bladder; it should project about one inch beyond the orifice of the urethra, and rather less than more. The point should press against or rest upon the stricture with the greatest possible gentleness, so that it may not give rise to inflammation or ulceration, and yet should press just so much as to cause absorption. It is an admitted point in the animal economy, that new-formed parts, whether laid down in reparation or in disease, do not resist a stimulus in the same manner as parts of original formation. They are in fact removed by the action of the absorbents under the application of a stimulus, which has little or no influence on parts which have undergone no change, and are coeval with the existence of the individual. The pressure made by the point of the bougie should therefore be nicely regulated, so that it may do this and no more. The patient readily learns what is wanted, and as he can feel when the surgeon cannot, he soon understands how to manage the bougie himself, and can take it out, wash it, change it, or replace it, as he pleases. If he should be a very restless, fretful, or naturally irritable man, it may prevent sleep or prove inconvenient, in either of which cases it may be removed for two or three hours, at the pleasure of the individual, whose private affairs may otherwise render this indulgence necessary. If any further irritation should take place, it ought to be subdued by warm fomentations, by opiates, and perhaps by the application of a few leeches. There are few cases which require anything more, provided the patient will be perfectly quiet, live moderately, and preserve the recumbent position, until the irritation has subsided.

The principal and most satisfactory sign of amendment is the more ready flow of the urine; and although the bougie should not appear to advance, the improvement on this point is often progressive, until at last the bougie is either found to have passed through the stricture unknown to the patient, or is gently pressed through by his own hand, or by that of the surgeon. This object is effected in some cases in from three to six days; in others the progress is slow, although evident, and may require weeks; and in some, in which the obstruction is very hard and gristly, this method fails altogether, rendering the part more painful, by giving rise to inflammation in it, and to irritation in the bladder, requiring the removal of the instrument, and the abandonment of the practice. When it succeeds, and the canal is rendered pervious, the cure is only half completed, although the most difficult and dangerous part has been accomplished; the stricture has yielded in its centre, but not in its circumference. When the bougie has passed through the stricture, and the bladder is not in an irritable state, a catheter should be passed into it, as it is always a great satisfaction both to the patient and surgeon to see the urine flow through it."

In the large proportion of cases Mr. Guthrie has found this plan to succeed, and in speaking of the operation of dividing the perineum, he tells us—

"I have not had occasion to do this operation of late, and do not think I shall be obliged to resort to it; being under the belief that I have obtained so far the mastery of these obstructions as to be able to overcome them, in most instances, without having recourse to an incision in the perineum."

Chapters VI. and VII., "On suppression and retention of urine," and "On irritation of the membraneous and prostatic parts of the urethra" bear the same impress as those of which we have treated, but our limits admonish us to refrain from a further notice. Other important diseases of the urinary organs, not noticed in this volume, are contained in a second part of the same work.

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Lectures on the Theory and Practice of Surgery. By the late Abraham Colles, M. D., for thirty-four years Professor of Surgery in the Royal College of Surgeons in Ireland. Edited by Simon McCoy, Esq., F. R. C. S. I. 8vo., pp. 420 ; Philadelphia: Ed. Barrington and George D. Haswell, 1845.

This is another valuable reprint, issued by the publishers of the Select Medical Library, and for which we are indebted to the just discrimination of its able editor, Dr. John Bell.

For many years past, the Medical School of Dublin has occupied a conspicuous position in the estimation of physicians, every where. No other city in the world, probably, can boast of a greater number of able and learned members of the medical profession, in proportion to the population, than the Irish Metropolis. To have been a distinguished lecturer in such a school, and long regarded as at the head of the profession where the members are so accomplished, is a sufficient guarantee for the value of the lectures he delivered. The present publication, we are told, has been compiled from the notes of his lectures, taken by one of his class, during his attendance on several courses, and carefully collated with the manuscripts of others of his pupils, so that, although it has never received the correction or sanction of Dr. Colles, it may be presumed to be a true exposition of his opinions and practice. Indeed, the European publishers allege that it contains "a true and correct record, not only of the matter of the invaluable lectures delivered by Mr. Colles, but of the manner of the lecturer." Being notes of lectures, the style of the work is colloquial, but without being unnecessarily diffuse. Little is said about operations, at least as to details; and yet, a glance will show that, throughout, it is mainly practical—an exposition of the personal experience of the lecturer.

The doctrines inculcated in these lectures are, in the main, such as receive the approbation of the distinguished Surgeons of the present time. On some points, however, they are behind the day, not merely in theory but in practice. We have an instance of this in his advocacy of mercury, constitutionally administered, in the treatment of primary venereal sores. It is not our purpose, however, to discuss the moot points con-

tained in the work, but to express our high appreciation of its general merits. No Surgeon who aims at distinction in his profession, will fail to make himself acquainted with the opinions and experience of Colles.

Copland's Dictionary of Practical Medicine, Edited by Professor Lee.

In our last number we stated that this publication had progressed as far as Part IX. Since then we have received all the numbers up to *Part X*, inclusive, but at an hour so late as to preclude us from much examination of their contents. The following subjects are treated of in *Part X*, viz :

Gall-bladder and ducts ; Gangrene ; Gastro-enteric disease ; Glanders ; Gout ; Hæmorrhage ; Hæmorrhois ; Hair, alterations of ; Headache ; Hearing, loss of.

A hasty glance has shown us that the work continues to be enriched by the labours of the Editor.

The Medical Remembrancer, or Book of Emergencies ; in which are concisely pointed out the immediate remedies to be adopted in the first moments of danger from poisoning, drowning, apoplexy, burns and other accidents. With the tests for the principal poisons, and other useful information. By Edward B. L. Shaw, M. R. C. S., & L. A. S. 12mo. pp. 112 ; Samuel S. and William Wood, New York, 1845.

We have given the title page of this little work at length, because it is descriptive of its contents. It is rare to meet with so small a book comprising so much valuable information, or one containing so little that is objectionable. By the young practitioner, especially in the country, it will be found a valuable prompter in many trying situations.

THE MEDICAL EXAMINER.

PHILADELPHIA, AUGUST, 1845.

THE AMERICAN JOURNAL OF INSANITY.

We have received the first number of the *Second Volume* of this interesting periodical, from which we are glad to discover that the enterprise is likely to succeed—of which, on its first announcement, we confess we had some doubts. We had indeed no conception that a journal limited to that subject, could be rendered so interesting as we have found it to be. But in the able hands by which it is conducted, the general subject is made to embrace a great number and variety of topics, all having a direct relation, however, to the great purposes of the publication. The articles which have appeared thus far, have treated of matters well calculated to interest the general as well as the professional reader, and are written with great ability.

THE NEW YORK JOURNAL OF MEDICINE AND THE COLLATERAL SCIENCES.

This periodical has already exceeded, in duration, several of its predecessors of the Commercial Metropolis, and bids fair to become a permanent member of the corps. The July number, now before us, commences the third year of its existence, and under the auspices of a new and able editor. The name of Professor Charles A. Lee now graces the title page, and we are sure that its subscribers will require no better guarantee for its future character.

In an address "to the patrons of the Journal," Dr. Lee says he "has reluctantly consented to undertake the editorial supervision of its pages, and in doing so," proceeds "to state, briefly, the principles on which it will hereafter be conducted."

These are just and liberal, and conducted in conformity to them, as we have no doubt it will be while under Dr. L.'s charge, the journal cannot fail to prosper.

MEDICAL COLLEGE OF THE STATE OF SOUTH CAROLINA.

We have received the "Catalogue of the Trustees, Faculty and Students," published the present year, from which it appears that the class of last Session numbered one hundred and ninety-six, seventy-four of whom received the Degree of Doctor of Medicine, at the last annual commencement. The distinguished gentlemen who have constituted the faculty for several years past, continue to occupy their chairs as heretofore.

We have received a circular from New Orleans, by which we are apprised that a new medical Journal is about to be started in that city, under the auspices, as we infer, of the Louisiana Medical College. It is to be edited by Professors *Harrison and Carpenter*, names which bespeak for it the most favorable anticipations.

QUACKERY.

We clip the following from the Boston Journal of the 16th ult. It points to as fair a specimen of modern impudence as can well be imagined. There is scarcely a town in the United States, however, that does not contain others as veritable as Dodds. We doubt not the sapient "*President*" is ready to confess that a prophet hath no honour in his own country, and very sincerely desires to be saved from his friends, (neighbours!)

Columbian Mesmeric College.—A more glaring imposition has not come to light of late, than one that peeps out through the St. Louis (Missouri) papers. One Dodds is there, lecturing, who is styled 'the *President of the Columbian Mesmeric College and Medical Institution*, established in Boston, *with three professors!* No such institution ever existed here; and if one should appear, the trustees, if wise, would be careful to select a president who could speak his mother tongue grammatically. If the people of St. Louis can swallow such stuff as the president of this imaginary mesmeric college deals in, when not preaching, the druggists will have no more occasion for the sale of ipecac. Really, this is a phenomenon—that animal magnetism, though the silliest system of gullibility extant, should have fallen so low, as to be served up to the Hards and Softs on the Upper Mississippi, by such a man.

RECORD OF MEDICAL SCIENCE.

A Case of Phrenitis resulting in Death, from the Inhalation of Sulphuric Ether. By Doct. J. Miller, of Louisville, Ky.—It is not unknown to the profession that serious excitement, and even inflammation of the brain may result from the inhalation of the vapour of *Sulphuric Ether*; but so far as the writer of this article is informed, no fatal case of the kind has been brought before the public of late, in a way to call general attention to the danger of that practice, which is gaining a considerable prevalence in this country. Boys at school, and young people at social parties frequently amuse themselves by breathing the fumes of ether, which is easily done by saturating a handkerchief with that fluid, a lively intoxication, generally transient, being the consequence. It was at such a social meeting that the subject of the melancholy case, which I have been requested to report for the Western Journal, was induced to make the fatal experiment. In the hope of hearing her sing, her young friends pressed her to inhale ether, which others had done on the same evening without any unpleasant effects.

Miss E. A. was aged about 15 years, was of highly nervous temperament, of scrofulous diathesis, from an affection of which character she had suffered seriously in her childhood. At the time of breathing the ether she was in good health. Not being affected by the first trial with it she was prevailed upon to repeat it again and again, until she had made five successive trials. She then sat down apparently exhausted, in what was taken to be a pensive mood, and in that uncomfortable state soon left the party and returned home.

The next day found her with the symptoms of indisposition rather increased, and on the day following she complained of her head, had but little appetite, and was much debilitated. Up to this time, three days after inhaling the ether, she was able to go about, and on the third day, walked to church; but her giddiness and debility made it difficult for her to walk, and it was with a great effort that she was able to reach her house. On being questioned by her mother she represented that the breathing of the ether was attended with very painful sensations in the head, and produced a partial blindness, under which she had continued to labor ever since. By the evening of the third day she had grown quite ill; in attempting to walk up stairs she stopped suddenly, screamed so as to alarm the family, and complained of faintness and the pain in her head. Some aberration of mind was now manifest, and in the course of the night she became delirious, screaming, and evincing alarm at imaginary dangers. She spoke of the ether which she had inhaled as being the cause of her illness, declared in her lucid intervals that she had suffered ever since she breathed it, and cautioned those around her against its use. Under

the remedies prescribed that night she appeared more comfortable the next morning, but during all that day she gave decided proofs of mental incoherence, which continued to increase. Her skin was hot, countenance flushed, pulse about 100, with much throbbing of the carotids; eyes half open and turned upwards, impaired vision and obtuse hearing. She complained of difficulty in turning her eyes downwards, but rolled them about in an unnatural way. When any subject was introduced she spoke rationally upon it for a moment, and then turned to some other, frequently to the experiment with the ether. Her nights became sleepless, and were spent in screaming, and loud talking upon all subjects, until she sunk finally into a comatose condition. Ten days after her indisposition commenced she had a slight spasm. Her pulse had reached 140, having gradually risen from day to day. On the twelfth day she expired. No autopsy was made.

Doubts were entertained by some, during the progress of this case, whether the symptoms were attributable to the inhalation of the ether; but no one, it is believed, doubted the existence of inflammation of the brain before all was over. To my mind it was clear enough, and the case ought to be a warning to the public. Parents should admonish their children of the danger, superintendents of schools should forbid the practice among their youth, and it would be well if apothecaries would decline selling the fluid when there was ground to suspect that it was intended for this purpose.

A day or two after writing the above, I learned accidentally that Mr. Green had lost a son the same morning that the death of Miss A. occurred, and under similar circumstances. I immediately called upon the family, and was informed that this youth died under symptoms of mental derangement, but was unable to learn whether he had taken ether or not; he had returned home with the odor of it so strong about him as to attract attention, but no inquiry was made while living as to its use. Mrs. Green introduced a little daughter, aged 11 years, who at the time was laboring under some degree of mental alienation connected with a muscular disturbance, supposed to be chorea. On examination the following symptoms were observed: the countenance was wild, and a little vacant at intervals, sometimes indicating slight surprise; the eyes were full and somewhat suffused; the hearing was obtuse, and she complained of obscured vision, describing it as a mist, or thin cloud before the eyes. There was evident restlessness, mostly of the head and upper extremities; full and frequent inspirations were made; the mouth was often opened, and the head thrown back, as if to relieve slight stiffness of the muscles of the neck. The patient conversed incoherently at intervals, introducing strange topics, and had sometimes been observed to laugh immoderately without any assignable cause. She had been affected with these symptoms for several days before I saw her. When I visited her, she seemed capable of conversing on any subject introduced in so rational a manner, that the hallucination might have been overlooked by an uninterested observer. I noticed, however, that she conversed with clearness only so long as the topic was kept before the mind with some care; and

this circumstance, together with the muscular disturbance, marked the case as similar to that of Miss A. I was informed that she had begun to show a greater inclination towards silence than formerly; her appetite was said to be good, and on a few occasions was thought to be inordinate. There was also evident difficulty in using the organs of speech; the pronunciation was indistinct and performed with some apparent effort. The subsultus mentioned above, simulated, it is true, that which obtains in chorea, but did not seem to me to be identical with it. The pulse was 98 in the minute, small and tense; the mouth was slightly dry, and the patient was observed to drink oftener than usual; she also complained of some pain in the head.

I could not ascertain, on inquiring of the patient, whether she had taken ether or not; she thought she had not, but her father informed me two days afterwards, that he believed she had, and he has this morning stated to me that so deep is his conviction of the fact, not only that this case originated in that way, but also that his son was killed by the ether, that he has petitioned the City Council to interdict the practice of inhaling ether at the public schools. Before I called a second time at Mr. G.'s residence, his family had gone with the little girl to Lexington, in the hope of improving her health. Mr. G. has received a letter informing him that the patient was carried from the stage to her bed, and that what seemed only a trifling imperfection in her gait when she left home, has terminated in paralysis of the lower extremities, and that she is now helpless and speechless.

On reading a copy of my former letter, I find that I omitted to say, that subsultus obtained throughout the entire course of Miss A.'s case, from the time I first saw her until twelve hours before her dissolution.

Louisville, June 19, 1843.

[Professor Silliman, speaking of the relation of sulphuric ether to the animal economy, mentions that it is sometimes breathed for the sake of the sensation it produces, and adds that the practice is in every view improper, and may prove dangerous or even fatal. The late Dr. Godman has left on record the particulars of a case, in which the effects of inhaling the vapor of ether were eminently serious. A female, predisposed to consumption, after breathing it for its exhilarating effects, suffered with cough, derangement of mind, and pain; had several attacks of violent syncope, and remained ill for some time.—(Western Reporter, vol. 2, p. 111). Professor T. D. Mitchell, in his Chemistry, refers to the amusement of inhaling ether, and says that, some years ago in Philadelphia, several cases occurred in which "delirium, and even phrenitis was induced" by it, some of "which ended fatally." Pereira also speaks of its occasionally deleterious effects when inhaled. "If the air be strongly impregnated with ether," he observes, "stupefaction ensues. In one case this state continued with occasional periods of intermission for more than thirty hours: for many days the pulse was so much lowered that considerable fears were entertained for the safety of the patient. In another case,

an apoplectic condition, which continued for some hours, was produced."

Although, as remarked by the last writer, the effects of the vapor of ether upon the system are analogous to those caused by the exhilarating gas, there can be no question that they are far from being as harmless. In our reading we have met with no case, in which serious effects followed breathing the protoxide of nitrogen. Professor Silliman has never seen this gas do mischief. Pereira speaks of having administered it to about a hundred persons, and does not refer to any injurious consequences. We have administered it to nearly two hundred young men, in the last thirty years, and have not yet witnessed a case in which its influence was more than temporary. Even headache is not a common consequence of respiring it. But it is very different with the vapor of sulphuric ether. We never administered it, or saw any one under its influence; but we have been assured by those who have inspired it, that it is generally followed by pain in the head, sometimes by pain in the chest, threatening inflammation, and that the cerebal excitement, bordering upon delirium, often persists for hours. From the history of the above cases by Dr. Miller, we do not hesitate to believe that the young lady died from the effects of breathing ether.—*West. Jour.*

Hare-lip in the Negro.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I notice in your last number an extract from the Western Lancet, in which the inquiry is made, "Is the negro subject to hare-lip?" with a statement from the editor of that Journal, that, as far as his observation extends, although the deformity forces itself upon us very frequently, it is exclusively confined to the whites," and asks if there is a philosophical reason for the difference.

The question of philosophy can be answered by the fact that the difference does not exist. The African race is not exempt from that unfortunate deformity. I have myself witnessed more than one instance of its existence in the black, and recollect of having seen, a few years since, in the town of Paris, Oxford County, Me., a negro by the name of Hector Fuller, who had the misfortune of double hare-lip. I have the impression that instances of this kind are not very rare. Since writing the above, a member of my family informs me, that when passing from Boston to Portland, six or eight years ago, she met, on the deck of the steamer, a black man very badly deformed by double hare-lip, who, to use her own expression, was the most horrid-looking creature she had ever seen.

I am, Sir, your ob't serv't,

Wrentham, July 5, 1835. W. W. Comstock.

The Boston Journal of July 23d, contains a notice of two other cases of hare-lip in negroes; one a case of double hare-lip—so the question is solved.—Ed.

Acclimating Fever of Liberia.—Since the appointment of Dr. J. W. Lugenbeel to the office of Colonial Physician, in Liberia, important facts have been gathered, which are quite new to the profession, and of such value to the interests of African Colonization, that they should be extensively circulated.

"In regard to the influences of the climate on the physical system," says Dr. L. in the July No. of the African Repository, "I may remark that my experience and observations in reference to myself and many others, have confirmed me in the opinion that the climaterial influences are less deleterious to human health than is generally the case in the United States. Every person who emigrates from a temperate climate to this country, must experience some acclimating process, which may or may not be attended with much fever, according to circumstances—to constitutional predisposition, previous habits of life, &c. In some cases the acclimating fever is violent and fatal in its effects; but in the large majority of cases, it is mild in its form and yields readily to appropriate treatment. Very few persons die during the first attack of fever; the principal danger is in consequence of relapses, which, in nine cases in twenty, are the results of personal imprudence, and not the effects of the continued injurious influences of the climate. I find that those persons who have resided in the colony one year or more, and who are able to live comfortably, generally enjoy very good health. The principal cases of sickness are among those who are in indigent circumstances, and in whom poverty and indolence are often associated."—*Boston Med. and Surg. Journ.*

Medicine in Siam.—Formerly there has been but little demand for Dr. Bradley's labours in the families of any of the nobles (says a missionary letter,) but of late there has been a change which not a little encourages us. Some months since, the head priest of the P'raklang's wat, after suffering a long time with the fever and ague, consented to take quinine, and in a day or two was well. Soon after this, Chau Fa, the priest, having been afflicted in the same way for a long time, and having heard of the above-mentioned cure, consented also to try the quinine; not, however, till he had first proved its virtues in the case of a servant of his. With him, also, the medicine was perfectly successful. Since that time Dr. B. has frequently been called to attend upon the sick in high places. One of the princes of high rank, who but a few months since would not have ventured to take medicine from the foreign doctor, without first requiring one of his servants to take a dose to prove that it contained no poison, now takes it without hesitation directly from the hand of Dr. B., and has even gone so far as to take it while sitting in his boat in front of our dispensary. Some months since, Dr. B. was called to operate for cataract on the eye of a nobleman, who is at the head of the agricultural interests of the kingdom, and equal in rank with the P'raklang. Notwithstanding he is 73 years old, the operation was completely successful. He has evinced his gratitude by

a great variety of presents. At one time he sent fifty pails of rice, and a hundred pails of paddy at another. This, at the price rice was bringing at that time, would amount to sixty dollars, and in a time of great scarcity of rice has been of no little service to our hospital.

Ibid.

On certain Differences in the Composition of the Blood in the Male and Female.—MM. Becquerel and Rodier read a very elaborate memoir "on the Composition of the Blood in Health and in Disease," before the Royal Academy of Sciences, in the course of last November. As it must always be of the first importance to determine the normal condition of any of the fluids of the body, before we attempt to ascertain its morbid alterations, their remarks on the relative constitution of the blood in healthy adults of the two sexes may be deemed acceptable. The proportions given in the following table were determined by taking the average or medium figures obtained in a variety of experiments.

	Man.	*Woman.*
Water	779	791,1
Globules	141,1	17,2
Albumen	69,4	70,5
Fibrine	2,2	2,2
Extractive matters and free salts	6,8	7,4
Fatty matters	1,6	1,620
Seroline	0,020	0,020
Phosphorated fatty matter	0,488	0,464
Cholesterine	0,088	0,090
Soap	0,004	0,046
In 100 parts of calcined blood.		
Cloride of sodium	3,1	3,9
Soluble salts	2,5	2,9
Phosphates	0,334	0,354
Iron	0,565	0,541
Density of the defibrinated blood	1060,2	1057,5
of the serum	1028	1027,4

By comparing the two columns in this table, we find that certain very noticeable differences exist between the blood of the male and that of the female, in a state of health. The density of the defibrinated fluid is greater in the former, and consequently contains a larger quantity of soluble matters; the proportion of water too is decidedly less. The quantity of the colored globules is considerably greater in the blood of the male than in that of the female: this is perhaps the most important, and indeed it is the fundamental, difference in the blood of the two sexes. In the female, the *minimum* number was 113, the *maximum* was 137, and the *medium* 127; (?) whereas in the case of the male, the *minimum* was 131, the *maximum* 151, and the *medium*

141.* The proportion of the Fibrine, and also that of the Albumen, was found to be very nearly the same in both sexes. The proportion of the iron present in the blood is always commensurate with that of the red globules.

MM. Becquerel and Rodier are of opinion that the function of *menstruation* exercises a marked influence on the proportion of the red globules in the blood of the female. In the girl, before this function has properly commenced, the relative quantity is below the normal standard; when the secretion is fairly established, it (the quantity) rises up to 127 or even higher; and this state of things continues until about the critical period of life, when menstruation ceases: then the proportion of the red globules falls considerably below this mark.

Pregnancy also has a very decided influence on the condition of the blood; the red globules and the Albumen become diminished, and the fibrine, phosphorated fatty matter, and the water slightly increased.—*Med. Chir. Rev. from Ency. des Sci. Med.*

Professor Berrutti on the Spontaneous Generation and Nature of the Spermatic Animalcules.—The reproduction of certain animal and vegetable species is effected, without the intervention of any ovum, after the manner of what is called gemmiparous and fissiparous generation. Now there is a great analogy between the development of *gemmæ* and that of *ova*. In the former, however, all the elements, that are necessary to the production of a living being, are found contained; whereas, the latter have need of the new elements of the prolific fluid before they can become duly evolved.

Every particle of a living being—which, on being detached from its parent body, is capable of reproducing an independent living creature—does not materially differ from a bud, either in its mode of origin, or in its property of producing new individuals. Thus organic molecules, in certain circumstances, have the power of attracting to themselves new materials from surrounding bodies, which they then incorporate with themselves, and so elaborate as to form a new being. Spontaneous generation, in the opinion of Professor Berrutti, consists in the exercise of this property, and differs from oviparous, gemmiparous and fissiparous generation, in that it takes place among molecules which, in consequence of the death of the parent, have ceased to constitute a part of a living individual.

Microscopic observations have clearly shewn that the globules, resulting from the dissolution of organic matter, possess an inherent activity: sometimes they approach to and unite with each other, and at other times they seem to be mutually repellent. It is not at all inconsistent with rational belief to suppose that this is the cause of spontaneous generation—an act, it may be observed, to which the concurrence of the atmospheric air and of water is probably always necessary.

* This proportion is considerably higher than that (viz. 127) assumed by Andral and other hematological enquirers, as the standard of health; while the proportion of the fibrine in our table is lower than that (3) in theirs.

The reproduction of parts of an organic body that have been excised or destroyed is effected by means of globules floating in a fluid, which subsequently evaporates, leaving the globules dry: hence the cellular production and origin of new tissues. The same process of assimilation is likewise that by means of which the fœtus is formed in the maternal ovum, as Wolf and Rolando have shewn.

The necessary condition, therefore, of every sort of generation, reproduction, and even of the nutrition of organised parts is invariably the presence of certain organic globules endowed with a plastic activity, and floating in a fluid exposed to the contact of the atmospheric air—which, in place of furnishing carbonic acid as it does to plants, supplies ammonia for the spontaneous generation of animals. The fluid in its turn supplies hydrogen and oxygen.

The organic productions of spontaneous generation are the most simple of all, because they spring from organic globules that are not expressly prepared for this purpose.

Professor Berrutti is of opinion that not only infusory, but also entozoary, animalcules are developed by spontaneous generation. He considers it too as highly probable that the *acarus scabiei* is the product, rather than the cause, of the itch. Lastly, he seeks to shew that the Zoosperms are not genuine animalcules, but rather organic molecules formed in the minute extremities of the spermatic tubes by the effect of an exuberant nutrition. The action of the Zoosperms seems to be very analogous to that of the Pollen in the fecundation of plants; and their movements may fairly be compared to those of this vegetable matter.—*Ibid, from Annali Univ. di Medicini.*

French and English opinions on the Treatment of Typhus.—"In the treatment of our fevers, we have daily occasion to witness the pernicious effects of an irrational practice. There are still many physicians amongst us who almost invariably have recourse to the use of bloodletting and other debilitant remedies. The effect of such a course is inevitably to render the convalesence exceedingly tedious and often imperfect. Many simple cases are thus converted into very troublesome and unmanageable ones, in consequence of the impaired energy of the vital forces that has been induced. When the occurrence of the symptoms of adynamic weakness forces such practitioners to discontinue the use of their lowering regimen, they generally resort to the use of blisters and the administration of tonic medicines.

Let us briefly review some of the features of the disease.

There is usually a more or less considerable derangement of the stomach and bowels at first. Fortunately we have a remedy, or rather a class of remedies, which is exactly suited for the relief of such symptoms—we allude to emeto-cathartics: they generally act almost magically in removing the symptoms of the first stage of such fevers. After due evacuations both upwards and downwards, not only does the pyrexia usually subside, but all the phenomena of congestion and local irritation, that may have been present, are more or less com-

pletely relieved. The same decided and prompt benefit cannot indeed be expected from the use of these remedies, if the fever has existed two or three days before they have been exhibited, and if any delirium be present: but even then the relief is sometimes very notable; the headache, stupor, and general prostration not unfrequently ceasing, or, at all events, being very materially diminished, after the action of the vomiting has entirely ceased."—*Gazette Medicale, Aout*, 1844.

We cordially assent to the practical truth and importance of these therapeutic instructions respecting the use of Emetics and Purgatives in the first stage of most typhoid fevers. We have often expressed our own opinions on this subject in the pages of this Journal, and strenuously urged our readers to recur to the practice recommended by the older physicians, and most religiously to eschew the evil ways of such advisers as the disciples of the Broussain school. Still, we are not inclined to go quite so far as our French brother, when he goes on to advise the administration (however guarded) of emeto-cathartic medicines in almost all stages of the fever of which he is treating. The paragraph, to which we object, runs thus:—"At a more advanced period of the disease, when the patients have fallen into an adynamic state, we must be more reserved in the exhibition of these remedies; not that they are not absolutely required or allowable; but only because the state of extreme debility usually present demands that the patient's strength be somewhat revived before they be given. Such cases require the use of stimulants—such as blisters, sinapisms to the abdomen and extremities—before we have recourse to the *heroic remedy*. However, as soon as the patient's strength is recovered, we should not delay longer, but resort at once to the exhibition of an emeto-cathartic: it is the sure means of preventing a fatal tendency." This seems to us dangerous advice. It is very rarely judicious to administer emetics in the advanced stage of febrile affections, when there is considerable prostration of strength; unless, indeed, the symptoms of gastric derangement are very obvious, and Nature herself makes an effort to get rid of the peccant secretions of the stomach and duodenum by the way of vomiting. The present is one out of many instances that might be adduced to shew how liable the French practitioners are to carry everything to extremes. A few years ago, the mere mention of an emetic in Typhus fever—which at that time was of necessity a *gastro-enterite*—would have been denounced by nine-tenths of the physicians in Paris as incendiary and most dangerous practice. Now-a-days there seems to be a tendency to run to the other end of the race-course; and we should not be at all surprised to hear of ipecacuanha and tartar-emetic taking the heroic seat which has been so long occupied by leeches and "boissons adoucissantes."—*Med. Chirurg. Rev.*

The Actual Cautery successfully Employed in Gangrene of the Mouth.—The case occurred in a female child, five years of age, during the convalescence from an attack of Typhus fever. The peculiar

(by some deemed pathognomonic) offensive odour, that accompanies this species of gangrene, was remarked before any actual appearance of the disease was discoverable. There were four gangrenous patches on the upper and lower gums, besides one on the inner surface of the right cheek. Dr. Weber determined to apply the actual cautery to all the diseased spots, and the immediately adjacent parts. This was done, not without difficulty, as may be imagined; and the mouth was directed to be afterwards washed out every two hours with a decoction of Cinchona, to which some *spiritus cochleareæ* was added. The offensive smell ceased immediately after the application of the cautery, and did not again return.

On the third day, the sloughy parts began to detach themselves; at the same time, a few suspicious-looking spots were touched with the nitrate of silver. Several teeth remained "*dechaussées*," and at three points the maxillary (upper) bone was exposed. These necrosed portions, inclosing a molar tooth, and two smaller bits of the lower jaw were subsequently detached During the progress of the case, an offensive purulent discharge took place from the ears, and numerous small abscesses formed on different parts of the body.

Dr. Weber does not think that, in this case (nor indeed generally,) there was any reason to suspect that the gangrenous ulceration of the mouth was in any degree attributable to the action of mercury upon the system. He points out the analogy between this disease—which he designates by the name of *noma* or corroding ulcer—and the *pustule maligne*, so accurately described by Boyer and other continental writers.—*Ibid, from Gaz. Med. de Stras.*

Case of Dracuncules or Guinea-Worm.—Towards the close of the year 1843, a man, who had returned from Senegal, was admitted into the St. Antoine Hospital, at Paris, for a small furuncular swelling on the dorsum of the left foot. It had existed for about a month, and was accompanied with intolerable itching in the part. An incision was made upon it, and next day M. Maisonneuve observed that a white filiment projected from the wound: this was drawn out to the extent of about nine inches, and then it broke across. Another boil formed a little way below the head of the fibula; and as there was a tortuous, somewhat indurated, and painful subcutaneous line, extending from this point towards the calf of the leg, the skin was divided in two places, and an entire worm drawn out: it was of the thickness of a crow-quill, and upwards of two feet in length; it much resembled in appearance the *vas deferens*. The purulent matter from the two abscesses was carefully examined with the microscope; and, in that from the second one, there were observed myriads of minute animalcules, that moved about with great rapidity. On examining the worm itself, a milky fluid was perceived to be contained at one part of its tubular body.

In this fluid, too, numerous animalcules, similar to those which we have alluded to, were detected by the aid of the microscope. M.

Maisonneuve very reasonably concludes that these embryotic Dracunculi may readily insinuate themselves under the skin in persons, who are in the habit of walking about with naked feet in such countries as that of Senegal. There is therefore no occasion to have recourse to the very questionable doctrine of Spontaneous Generation to account for the development of these subcutaneous entozoa. It is probable that the worm, when developed under the integuments, remains quiet until the period for discharging its ova has arrived, and then it makes an effort to perforate the skin, and becomes liberated for that purpose.—*Ibid, from Arch. Gen. de Med.*

On the Periodic Discharge of Ova, and the Function of Menstruation.—The following propositions embody the most important conclusions that have been formed by the best authorities on this highly curious subject.

1. Menstruation commences at the period of the *maturity* of the ovules. 2. The final cessation of the catamenial secretion coincides with the abolition of the formative function of the germs. 3. The ovaries of women, who have ceased to menstruate, never contain the appearance of any vesicles that have recently burst, or that are about to do so (Negrier.) 4. At each menstrual period, the highly excited state of the ovaries induces in the female a decided propension to coition. 5. The aptitude for fecundation is greater on those days that immediately precede the menstrual discharge. 6. In all the lower animals, the ovaria become tumid during the season of rutting. 7. Women, in whom there is a congenital absence of the ovaria, never truly menstruate, however perfect may be the structure of the uterus and other parts of the generative system. 8. The extirpation of these organs puts a complete stop to menstruation, in cases where this function had been already established. 9. Women, in whom there is a congenital absence of the uterus, but in whom the ovaria are normally developed, experience every month all the phenomena of menstruation, the sanguineous discharge alone excepted. 10. The catamenial secretion ceases completely in women, in whom the ovaria have become affected with organic degeneration. 11. It has been asserted by some writers that lascivious girls have—in this respect like the common hen—occasionally discharged ova from the vagina, and that mere voluptuous thought will suffice *pour ebranler* these minute vesicles. 12. In very many women, the menstrual period is preceded by severe colicy pains, attributable most likely to the turgid and excited state of the ovaries. 13. In those who suffer much at these periods, the cavity of the uterus sometimes becomes lined with a soft flocky membrane—a genuine *membrana caduca*—the formation of which is entirely independent of coition. 14. Lastly, in that singular case of monstrosity—in which the two girls, Helen and Judith, were united to each other by the posterior and lower parts of the back—the catamenial discharge took place in different quantities and at different times from each subject, although there was a complete anastomosis between the abdominal vessels of the two.—*Ibid. from Mem. pour ser. à l'et. des Mal. des Ovaires, par Achille Chereau.*

Case of Strangulated Congenital Hernia; occurring in a Child, six weeks old, and requiring Operation. By JAMES LONG, Esq., Surgeon to the South Dispensary, and Lecturer on Anatomy, Liverpool.—On the 10th of May I was requested to see a male child, born on the 29th of March, and consequently six weeks old; he had cried all night, had passed neither motion nor flatus, strained frequently, and had vomited a yellowish looking matter. I found a scrotal hernia on the right side, the size of a hen's egg; the bulk of this, after a little trouble, was reduced, but a portion, the thickness of the little finger, occupying the inguinal canal, and having the testicle at the bottom, remained; this was exceedingly tender to the touch, and could not, by any justifiable effort I could use, be returned. The warm bath, cold applications, enemata, and the forced injection of warm water, through a long tube, failed to procure either a motion or the evacuation of flatus, or to enable me to return the intestine. These means had been employed during that day, and the greater part of the following, and tympanites and tenderness of the abdomen commencing, I proposed the operation, and requested the presence of Mr. Halton. He fully concurred in the propriety of resorting to it.

It was performed in the usual way, on the 11th. It was my intention, after dividing the stricture, to return the intestine without opening the sac, but finding this impossible, I opened the sac which contained a knuckle of intestine of a light port-wine colour, in contact with and adherent to the testicle, by a band of coagulable lymph, which was easily torn through. The stricture being divided, the crying of the child forced down several folds of intestine, the colour of which strongly contrasted with the strangulated portion, and the indented line of demarcation caused by the stricture formed a distinct boundary between the two. The most difficult part of the operation was to reduce the intestine, the forcing efforts and crying of the child being insurmountable until the difficulty was overcome by the occurrence of fainting. Three sutures, compress and bandage, were applied.

The mother, who had been greatly distressed, was directed not to give the breast until the following morning, and in the meantime to have them drawn; the child was allowed nothing but barley water. During the night two motions passed, the first exceedingly fœtid; in the course of the day two more motions. On the evening of the 13th, the sutures were removed; on the 14th, a teaspoonful of castor oil was exhibited; on the 17th the child was quite well, the wound healed, &c., and I discontinued my visits. There is no appearance of the return of the hernia.—*Lond. Prov. Med. and Surg. Journ.*

Disease regarded as a False or Spurious Organisation. By DR. JAHN.—There is a good deal of German mysticism in the following remarks, which are thereby rendered rather hard to be understood in certain passages. Our readers will, however, find no difficulty in tracing out the leading features of the doctrine which the learned writer seeks to establish.—(*Rev.*)

Since the experiments of Langenbeck have become generally known, the most incredulous must surely have ceased to doubt that the propagation of (many) diseases takes place in the same manner as that of the simplest forms of animal life. The opinion of Stark, that the production,—apart from the Contagion—of diseases must be regarded as an original generation (*generatio æquivoca,*) has been much objected to; but it seems to have been forgotten that the formation of the Infusoria, Vorticellæ, Fungi, &c., as morbid productions, occurs without contagion, and that these formations may, in the strictest sense, be regarded as instances of a veritable spontaneous generation.

A disease may justly be regarded as a *false* or *spurious* organisation; inasmuch as, besides the normal and primitive vital type there is then present in the system a new and foreign type, which arises either from a transformation of the organic substance, or from a production of a new and intrinsic formation. This morbid type is developed and maintained at the expense of the normal life. A vast number of arguments and illustrations might be adduced to show that the *prima causa mali* in (many) diseases is really and truly of an organic or animalcular nature: let us briefly consider a few of them.

There are certain morbid productions which almost every one must regard as genuine false organisations. Of this nature are—

1. The veritable morbid formations of animal life: for example, Entozoary *anthelminths;* various *mites*, the products of disease; various *infusoria*, whether the product of disease, or of spontaneous developement.

2. Different vegetable productions; such as the *muscardine* of the silk-worm; the contagious *confervæ*, discovered by Hanover in and upon the aquatic salamander; the *fungi* found by Schoenlein existing in the patches of *porrigo lupinosa*, and which Remack has shown may be propagated by inoculation; the various capillary *fungiform* productions observed by Fuchs and others in several exanthematous eruptions, &c. It would be difficult to admit that either these vegetable productions or their granules had entered the animal economy from without, and were not generated within. In the case of plants themselves, we have numerous instances of morbid vegetable formations, belonging to various groups of the Cryptogamic family, namely, to the *dartres.* We may mention, as belonging to this class, the *uredo, uromices, pharmegdium, puccinia, accidium, chrysomixa*, &c. &c.

Among the diseases of Plants, we cannot fail to recognise some under the form of *fungi*, which are generally considered as such, and are admitted into all systems of botanical arrangement: in this respect they are of the highest importance, as bearing upon the doctrine of the organic nature of diseases. The opponents of the doctrine of Spontaneous Generation will probably start the objection that the *fungi*, mentioned above as the products of disease, are never developed spontaneously in the bodies of plants themselves; but, on

the contrary, that they attach themselves and become developed in the same manner as the genuine parasitic plants that come from without. The observations, however, of *Meyer* and *Unger* on the production of the Cryptogamic formations and of the mites of the cereal grains are, we think, unrefutable, and wholly at variance with this idea.

3. Among the spontaneous animal and vegetable morbid productions, we must enumerate the *Psorosperms* described by Müller, and the corpuscles (discovered by the same naturalist) which constitute a peculiar disease of the swimming bladder of the *Gadus Callurius*. Both of these formations well deserve notice; on the one hand, as affording a strong argument in favour of Equivocal Generation, and on the other, as having evidently a peculiar organisation, and being organised existences endowed with an individual life, and yet of such a nature as to forbid our classifying them among either plants or animals.

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4. In the false or spurious organised products, we meet with formations which, on the one hand, are developed in the affected organism after the manner of its normal organs, and are associated with it; and, on the other hand, do not belong, and are foreign or even hostile, to it, seeing that they destroy its organic matter like parasitic growths.

They are organised, and exhibit a structure like that of normal organisms; they possess a determinate organic configuration, which often very closely resembles the form of regular or normal agents; like the ultimate organic elements, they consist of masses which are generally of a rounded shape, and are surrounded with a proper envelope. * * * * These points have a proper vital course, proper periods, and peculiar processes of nutrition and secretion. Like many beings low in the scale of organic life, they finish by a softening and a dissolution of the mass. Moreover, they almost all possess the faculty of self-reproduction; for, alike in the diseased and healthy organism, they can propagate (by contagion) by means of molecules, which detach themselves from the general mass, and which, being then deposited upon another point, become developed and give rise to an affection altogether similar to that from which they were derived. These molecules possess so independent a vitality that they are capable of resisting the assimilative power of the organism. It is for this reason that it is generally so difficult, and often quite impossible, to cure them; for they possess a force of reproduction much greater than that of the organism and its different parts, being not unfrequently capable of reproducing themselves, even after they have been separated into invisible rudiments. They become fixed in the system, so that it is utterly impossible to trace any line of separation. This is clearly proved both by the morbid formations (*psorosperms* and others) discovered by Müller, by the uncertainty that still prevails as to the nature of

Acephalocysts, and by the circumstance that certain naturalists have declared that several false organisations were entozoary productions.

5. The Exanthemata are closely allied to the spurious organic productions to which we have been alluding. Contagious diseases are, like false organisations, distinguished by their generative activity and their power of self-reproduction, by their fixed periods and terms of duration, and by the co-existence of other material productions that usually accompany them.

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As the entire organism is composed of primitive molecules (cellules), and as it is a universal physiological law that certain material or organic changes attend every dynamic derangement, we must attribute all morbid alterations in the body to changes in the condition of these primitive formations. It has been shown that in inflammation, typhus fever, chlorosis, scrofulous disease, scurvy and many other maladies, the globules of the blood undergo a decided change; that all sorts of external influences modify the form and colour of these globules; that in tabes dorsalis, the parts which compose the spinal marrow, and in atrophy, the molecules which compose the affected organ, are evidently more or less altered in their character; and that even in mental diseases we may often demonstrate a change in the conformation of the brain, manifested by an alteration of its primitive molecules. It is by the right application of the microscope and of chemical tests that we may hope to discover the determinate alteration in the primitive constituent elements of the organism. The production in diseases always takes place up to a certain point, independently of the idea of the individual organism; because the primitive molecules are not found in a tissue which occupies, or which has occupied, the morbidly affected point. Every disease, therefore, whatever be its name, must be considered as consisting in a false or abnormal organic production.

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The researches of *Langenbeck* on the contagious nature of carcinoma, and those of *Klenck* on that of tubercles, melanosis, condylomata, warts, coryza, carbuncle, hydrophobia, and the acute exanthemata, have clearly shown that primitive, morbid and abnormal molecules may reproduce other like molecules; and, in short, that it is this very production of "molecules monstrueuses" which occurs in and constitutes the essential character of a contagious disease. The numerous examples of hereditary harelip, of supernumerary fingers and toes, and other vices of conformation, satisfactorily demonstrate that abnormal monstrous organised formations have the power of reproducing their like—a fact that quite accords with, and fully confirms, the accuracy of our position, that the morbid molecules in a living body are capable of producing molecules of a like nature to themselves.

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As to the mode of developement of those vegetable and animal *protorganisatians*, which we have regarded in the preceding remarks

as false organisations and morbid productions, our author suggests the following propositions to show that they are formed from an altered or vitiated state of the organic molecules and primordial *cystoblastema*.

1. It has been observed by many naturalists that, in the lowest organised forms of the animal and vegetable world, there occur transformations from one nature into another. Now the primitive molecules of the organism are endowed with a proper and independent vitality in a high degree, so that they will sometimes continue to exist when transplanted into a different organism. This vitality, we may fairly presume, becomes still greater in certain favourable circumstances. Why then, seeing that we recognise a similar augmentation of the individuality of the primitive molecules, may not external influences advance a step further, and so act that the primitive molecules or their *cystoblastema* become transformed into beings that are completely individualised, into veritable protozoites et protophytes that are susceptible of a parasitic existence, as in the above mentioned transformations of the lowest forms of organised nature? There is produced in beings of a less perfect developement the germ of other beings that are more perfect and complete. Now it is probable that a transmutation of the elementary molecules of the organism into beings possessing an individuality of existence may take place, as we have supposed. Various observations on certain animal and vegetable existences render this supposition highly probable.

2. The processes of fermentation and putrefaction are, according to the opinion of *Liebig*, movements of decomposition, in the former case of unazotised, and in the latter of azotised, substances. Both belong to what have been called chemical metamorphoses; *i. e.* to that class of phenomena in which an organic combination is decomposed by the chemical affinity of a second body, or by the influence of heat, or by some other cause, so that there are evolved from them two or more new compounds, and yet none of these elements is rendered free.

It is now ascertained that in fermenting fluids there become developed vegetable productions of an inferior order, and in putrescent animal matter certain infusoria, which, in the opinion of some distinguished naturalists, are generated by spontaneous formation; although, when once formed, they may propagate themselves by a process of vegetation. Now it is probable that not unfrequently those morbid conditions—which consist in the supervention of similar decompositions in some part of the body, in the *cystoblastema*, or in the primitive molecules of the fermentation and putrefaction—and consequently the chemical elements of the cystoblastema or of the molecules, experience a derangement in the attraction, which is indispensable to the continuance of the organization in a healthy condition: this derangement being occasioned by certain external agencies which entirely overpower the dominion of the general vital powers. Among these derangements we may enumerate various

diseases, gangrenescences, putrescences, &c. But in these conditions there may possibly be developed—in consequence of the influence of external agencies, by spontaneous generation; in other words, in consequence of the ever-acting creative power of Nature on organic matter in a state of decomposition—certain powers or properties, in the same manner as in the processes of fermentation and putrefaction. On this, as on other points, it is to the morbid states of the vegetable world that we are to look for the most conclusive instances in the way of illustration.—*Lond. Med. Chir. Review, from Haeser's Archiv. and Archives de la Medicine Belge.*

Preparation and Preservation of Ointments.—M. Deschamps, in "*The Journal de Pharmacie*," has thrown out a suggestion upon this subject which deserves attention. He made many experiments, he says, first, to ascertain whether the several varieties of fat may, in all cases, be used indiscriminately; and, second, whether any means can be devised to prevent fats from becoming rancid, which must greatly impair their value. He found that an ointment, prepared by heating the buds of the *poplar* in melted lard, is subject to very little alteration by keeping; and it therefore occurred to him that, as this may depend upon a portion of resin extracted from the poplar buds, a small proportion of gum benzoin might answer a similar purpose. On preparing these ointments and keeping them for several years, he found they had undergone no change, no approach to rancidity. Iodide of potassium is a very excellent test of any acidity in fat. And by this test he found that no admixture with fat tends to preserve it from change so well as benzoin or poplar buds; the latter produces an orange-yellow colour, but its colour is not affected by long keeping, even mixed with acetate of lead.

Fat or lard, thus prepared with poplar buds, or gum bezoin, then, is the best possible basis for ointments containing metallic substances, red oxide of mercury, acetate of lead, iodide of potassium, &c.; with essential oils it makes lip-salve, and an application to blisters very much preferable to ordinary ointments.—*Lond. Lan.*